

1. Is this dwelling occupied by the applicant as the sole dwelling? Yes No
2. Is the applicant? Elderly Handicapped
3. Is the applicant? Sole owner Partial Owner

If partial ownership, explain how the ownership is legally held and the proportion owned by the applicant.

4. List the names, relation, ages and social security numbers of all persons who occupy the dwelling other than the owners. Do not list occupants with no income. Please attach list if more room is needed.

NAME	RELATION	AGE	SOCIAL SECURITY NO.
1.			
2.			
3.			
4.			

GROSS INCOME SCHEDULE

Please complete the gross income schedule for the prior calendar year. Included in this statement should be the total gross income from all sources of the applicant, spouse, and each person living in the dwelling.

** Income documentation is required when applicable.*

GROSS INCOME	APPLICANT	SPOUSE	OCCUPANT-1	OCCUPANT-2	OCCUPANT-3
Salaries, Wages, Etc.					
Pensions or Retirement					
Social Security					
Interest					
Dividends					
Rent(s)					
Public Assistance					
Capital Gains					
Trust Fund Income					
All Other Sources					
Less Occupants Income Exemption			(\$6,500)	(\$6,500)	(\$6,500)
Total For Each Column					

Total Gross Income of Applicant, Spouse and Occupants \$ _____

****If gross combined income is over \$50,000.00, no exemption is allowed.****

NET WORTH SCHEDULE

Please complete the schedule of net financial worth as of December 31st of the prior year. Net financial worth shall be calculated by subtracting the total liabilities from the total assets. The net financial worth shall exclude the fair market value of the dwelling and the land, not exceeding ten acres upon which the dwelling is situated.

** Asset documentation is required when applicable. Submission of liability documentation is optional.*

ASSETS	APPLICANT	SPOUSE
Real Estate (other than residence)		
Personal Property (Vehicles, Trailers, Boats, etc.)		
Savings Account(s)		
Checking Account(s)		
Cash on Hand		
Stocks & Bonds		
Life Insurance and Annuity (Cash Value)		
Property In Trust		
Other Assets		
TOTAL ASSETS		

LIABILITIES	APPLICANT	SPOUSE
Personal Loans		
Vehicle Loans		
Credit Card Debt		
Mortgages (Other Than Primary)		
Delinquent Taxes		
Medical Bills		
Other Liabilities		
TOTAL LIABILITIES		

COMBINED NET WORTH (TOTAL ASSETS - TOTAL LIABILITIES)

\$ _____

****If combined net worth is over \$100,000.00, no exemption is allowed.****

EXEMPTION PERCENTAGE SCHEDULE

Gross Income	Percentage Exemption
\$0 - \$10,000	95%
\$10,001 - \$20,000	80%
\$20,001 - \$30,000	60%
\$30,001 - \$40,000	40%
\$40,001 - \$50,000	25%

"Any change in respect to total combined income, net combined financial worth, ownership of the dwelling exempted, or other factors, which occur during the taxable year for which the affidavit is filed, and which has the effect of exceeding or violating the limitations and conditions of this article, shall nullify any exemption for the then current taxable year, and the taxable year immediately following."

AFFIDAVIT

I certify under the penalties provided by law, that this application for Real Estate Tax Relief for the Elderly or Handicapped including accompanying schedules or statements, to the best of my knowledge and belief is true, correct and complete.

Date

Signature of Applicant

Date

Signature of Spouse

If unable to contact applicant, name and phone number of nearest relative:

Name: _____

Phone #: _____