

APPLICATION REAL ESTATE TAX RELIEF FOR THE ELDERLY AND TOTALLY DISABLED FISCAL YEAR 2024

FOR OFFICE USE ONLY						
DATE RECEIVED:	Exemption:					
COMPLETION DATE:	Freeze Tax Yr:					
Disability Cert. Date:	Deferral:					
RPC:	Disqualified:					
	INITIALS:					

ROSS A. MUGLER COMMISSIONER OF THE REVENU FILING DEADLINE - AUGUST 31, 2023

1. APPLICATION INFORMATION (PLEASE PRINT CLEARLY)							
Name of Owner(s)	Social Security Number	Date of Birth					
Name of Applicant(s)	Social Security Number	Date of Birth					
Property Address		Phone Number					

A. Do you live at the above address? ____ Yes ____ No If no, list residing address____
B. Waterworks Account Number: ______

2. OTHER I		LS LIVING AT T	HE ABOVE ADDRE	SS						
	Name(s)			Social Security #		Relationship to Owner		Date of Birth		
INDIVIDUAL 1	1									
INDIVIDUAL 2										
INDIVIDUAL 3										
3. TOTAL A	NNUAL COM	BINED GROSS	HOUSEHOLD INC	OME- JAN	UARY 1,	2022 TO	DECEM	IBER 31, 2022	ł	
INCOME FR		Applicant	Spouse/Co-Owner	Indiv		Indiv		Individual	Total	
Social Secur	rity	\$	\$	\$		\$		\$	\$	
Pension/RR	II									
Military Reti	rement									
Other Pensio	ons									
Annuity										
Non-taxable Benefits	e Veteran									
IRA Distribu	itions									
Wages										
Unemploym Compensati										
Business Ind	come									
Interest/Div	ridends									
Rental Incor	ne									
Gifts/Lottery	/Gambling									
Government	t Assistance									
Other:										
Deduct:					(7,000)		(7,000)	(7,000)		
TOTAL		¢	¢.	<i>~</i>		÷		<i>t</i>	¢.	
			\$ OR VALUES OF AS	\$	DECEMP	\$ ED 21 - 2	022)	\$	\$	
4. ASSETS	(BALANCES	Applicant	Spouse/Co-Owner					similar	OFFICE USE ONLY	
Checking Ac	counts	\$	\$		YEAR	МА		MODEL		
Savings Acc				Vehicle 1						
CDs				Vehicle 2						
Stocks, Bon	ds			Vehicle 3						
IRAs, 401Ks				Boat/RV						
Other:	-			Trailer						
Other Real E	Estate			Camper						
Тс	otal Assets:	\$	\$	Other						
Address of (Estate:	Other Real			Total Combined Assets:			\$			
	ON OF TAX R	ELIEF								
FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE FOR OFFICE USE ONLY FOR OFFICE USE ONLY FOR OFFICE FOR OFFICE O				Iready receiv	ready receiving an exemption on			AFFIDAVIT		
INTIAL HERE	Freeze- If eligible, the real estate tax payment is frozen				at the tax amount paid in the I not increase in future years as			I/we hereby certify that the foregoing information is true and correct to the best of my/our knowledge and belief. I/we understand that any factors occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violating the limitations and conditions provided by the		
	please identify		lect to defer. You may			ENTER DEFERRAL %	year immed			
							APPL	ICANT SIGNATURE	DATE	
									DATE	

CO-APPLICANT SIGNATURE