

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 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.

	NAME	RELATION	AGE	SOCIAL SECURITY NO.
1				
2				
3				
4				
5				

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 and spouse. Also income of each person living in the dwelling.

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			(\$6,500.00)	(\$6,500.00)	(\$6,500.00)
Total For Each Column					

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

If gross combined income is over \$35,000.00, no exemption is allowed.

NET WORTH SCHEDULE

Please complete this Schedule of net financial worth as of prior year December 31st. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, including equitable interest, of the owner of the dwelling and the spouse, for which exemption is claimed, and shall exclude the fair market value of the dwelling and the land, not exceeding ten acres upon which the dwelling is situated.

NET VALUE OF ASSETS	APPLICANT	SPOUSE
Real Estate (other than residence)		
Automobile(s) (Fair Market Value)		
Savings Account(s)		
Checking Account(s)		
Cash on Hand		
Stocks & Bonds		
Life Insurance and Annuity (Cash Value)		
Property In Trust		
Other Assets		
TOTAL - ASSETS (LINE A)		
Less - LIABILITIES		
Notes Payable		
Accounts Payable		
Mortgages Payable (Other than Residence)		
Taxes Due - Federal, Local & State		
All Other Debts		
TOTAL LIABILITIES (LINE B)		
NET WORTH (SUBTRACT LINE B FROM LINE A) (LINE C)		

COMBINED NET WORTH (APPLICANT & SPOUSE - LINE C) \$ _____

If combined net worth is over \$85,000.00, no exemption is allowed.

EXEMPTION PERCENTAGE SCHEDULE		
Annual Household income(after exclusions)	Maximum Assets (Excluding Value of Residence And 10 Acres Of Land)	
	\$0 - \$45,000	\$45,001 - \$85,000
\$0 - \$12,000	95%	80%
\$12,001 - \$22,000	75%	60%
\$22,001 - \$30,000	55%	40%
\$30,001 - \$35,000	35%	20%

"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 #: _____