

**Application for Real Estate or Mobile Home Exemption
Senior Citizens Over 65 or Disabled Residents on SSI
Tax Year Beginning July 1, 2012**

Applicant Information

Last Name	First Name
Street Address	Social Security #
P.O. Box	Phone Number
Date of Birth	Years at Residence
Is any portion of this property used for any purpose other than your own residence? Yes No If "yes" please explain:	

List all others living in house over 18 years of age. Attach additional page if necessary.

1. First Name	Last Name
Date of Birth	Social Security #
Relationship to You	Joint Owner of property? Yes No

2. First Name	Last Name
Date of Birth	Social Security #
Relationship to You	Joint Owner of property? Yes No

3. First Name	Last Name
Date of Birth	Social Security #
Relationship to You	Joint Owner of property? Yes No

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List Income for 2011 for all members of household over 18 years of age.
(not including Social Security, SSI Disability or R.R. Tier 1)

Applicant Information		First household member over 18	
Salary, Wages, Tips, Profits	\$	Salary, Wages, Tips, Profits	\$
Pensions / IRA Distributions		Pensions / IRA Distributions	
Interest/Dividends		Interest/Dividends	
Net Rentals		Net Rentals	
Capital Gains		Capital Gains	
Other		Other	
Total Adjusted Gross Income	\$	Total Adjusted Gross Income	\$

Second household member over 18		Third household member over 18	
Salary, Wages, Tips, Profits	\$	Salary, Wages, Tips, Profits	\$
Pensions / IRA Distributions		Pensions / IRA Distributions	
Interest/Dividends		Interest/Dividends	
Net Rentals		Net Rentals	
Capital Gains		Capital Gains	
Other		Other	
Total Adjusted Gross Income	\$	Total Adjusted Gross Income	\$

Person to contact for additional information

Name: _____ Phone: _____

UNDER PENALTY OF PERJURY, THE UNDERSIGNED APPLICANT DECLARES THAT THEY HAVE EXAMINED THIS COMPLETED APPLICATION FOR REAL ESTATE TAX EXEMPTION AS WELL AS ALL IRS FORMS SUBMITTED IN SUPPORT THEREOF AND ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE, COMPLETE AND CORRECT.

Signature of Applicant _____ Date _____
(Invalid without signature)

FOR OFFICE USE ONLY Parcel # _____ Mobile Home Conventional Home

Copy of:
 Tax Form/SS/SSI-Disability Statement
 Proof of Income (if applicable)
 Proof of Age

Total Assessed Value: \$ _____ Approved Denied Date: _____

Approved or Denied by: _____ Reason: _____