

# APPLICATION FOR REAL ESTATE EXEMPTION

## FOR CERTAIN ELDERLY AND HANDICAPPED PERSONS

ASSISTANCE IN COMPLETING FORM MAY BE OBTAINED IN COMMISSIONER OF REVENUE OFFICE OR BY CALLING 263-7070

This application must be filed with the Commissioner of Revenue between Jan 3 , and Feb 15 of each tax year.

1	Owner or owners of Property as listed on tax bill.	Phone Number _____	
		Age	Address
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

2.	Name of Applicant	Date of Birth	Social Security Number
	_____	_____	_____

3. List names of all persons residing on property, also their age and relationship to applicant.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Complete this section for all persons residing on property who have income of any type. (wages, social security, retirement, dividends, interest, etc.)

Name of person receiving income	Source	Amount received during _____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total		_____

5. Financial Statement of head of household and all relatives living in dwelling. (Based on status as of Jan. 1,

Cash on hand and in banks (see schedule) _____	Accounts Payable _____	
Stocks & Bonds (see schedule) _____	Loans Payable _____	
Real estate owned (see schedule) _____	Mortgages Payable _____	
Cash value Life insurance _____	Other Liabilities (see schedule) _____	
Other assets (see schedule) _____		
Total Assets _____	Total Liabilities _____	
	Net Worth _____	

