



1. Is this dwelling occupied by the applicant as the sole dwelling? Yes  No

2. Is the applicant? Owner  Partial Owner

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

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3. List the names, relation, ages and social security numbers of all persons related to the applicant who occupy the above dwelling.

Name	Relation	Age	Social Security No.

Please complete this gross income statement for the calendar year \_\_\_\_\_. Included in this statement should be the total gross income from all sources of the applicant and spouse and income in excess of \$1,500 of each relative living in the dwelling.

Gross Income	Applicant	Spouse	Relatives living in Dwelling
Salaries, Wages, Etc.			
Pensions			
Social Security			
Interest			
Dividends			
Rent(s)			
Food Stamps			
Fuel/Cooling Assistance			
Capital Gains			
Trust Fund Income			
Other Sources			
<b>TOTAL</b>			

Total gross combined income of the applicant, spouse and relatives \$ \_\_\_\_\_

NOTE: If you filed a Federal Income Tax Return last year attach a copy.

Please complete this statement of net financial worth as of December 31, \_\_\_\_\_. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, including equitable interest, of the owner of the dwelling for which exemption is claimed, and shall exclude the fair market value of the dwelling and the land, not exceeding one acre, upon which the dwelling is situated.

Net Value of Assets	Applicant	Spouse
Real Estate (see above)		
Personal Property (auto)		
Savings Account(s)		
Checking Account(s)		
Stocks		
Bonds		
Insurance (cash value)		
Property in Trust		
Other Assets		
<b>TOTAL</b>		

Total combined net financial worth of the applicant and spouse \$ \_\_\_\_\_

## CERTIFICATE

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

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_