

AFFIDAVIT FOR INDIVIDUAL PROPERTY TAX EXEMPTION

FOR WIDOW/WIDOWERS, PERSONS WITH TOTAL AND PERMANENT DISABILITY AND VETERANS WITH DISABILITY

Owner's Name _____ Parcel or Account Number _____

Mailing Address _____ City _____ State _____ Zip _____

Address of Property _____ City _____

Application Period: January 1 Through March 1

Please check one:

_____ None of my children under 18 years of age resided with me during the previous calendar year. The total income from all sources of myself, my spouse, and any of my children 18 years of age or more who resided with me did not exceed \$36,077 during the previous calendar year.

_____ At least one of my children, who is under 18 years of age or who was totally and permanently disabled, resided with me during the previous calendar year. The total income from all sources of myself, my spouse, and any other of my children residing with me did not exceed \$43,733 during the previous calendar year.

Provide proof of income with a copy of your 2022 tax return, social security statement or other documentation.

<p>All applicants must complete (circle or fill in the information):</p> <p>Residency date: _____</p> <p>Residency city: _____</p> <p>Residency county: _____</p> <p>Own property in another county? Yes No</p> <p> Other county: _____</p> <p>Claim exemption in another county? Yes No</p>	<p>Widow/Widowers must complete:</p> <p>Spouse's name: _____</p> <p>Date of death: _____</p> <p>City and state of death: _____</p> <p>Death Certificate number: _____</p> <p>Recording date: _____</p> <p>Divorced at time of death? Yes No</p> <p>Married now? Yes No</p>
<p>Disability applicant must provide a physician's letter or VA disability letter.</p>	

List all vehicles owned (Make/Model/Year/VIN):

I HAVE READ THE ABOVE AND HEREBY AFFIRM THAT THE INFORMATION INCLUDED IS TRUE AND CORRECT

Print Owner Name _____

Telephone Number _____

Property Owner Signature _____

Date _____

FAILURE TO FILE AFFIDAVIT SHALL BE DEEMED A WAIVER OF EXEMPTION.