

NEW _____
FILED _____

SUMMIT COUNTY
APPLICATION FOR PROPERTY TAX
ABATEMENT
P.O. BOX 128
COALVILLE, UTAH 84017
(435) 336-3016

2017 _____
REMINDERS _____

PROPERTY SERIAL NUMBER _____ ACCOUNT NUMBER _____

Last Name First Name Birth Date Age Social Security

Spouse's Last Name First Name Birth Date Age Social Security

Address City State Zip Telephone

COMPUTATION OF HOUSEHOLD INCOME FOR PRIOR YEAR FOR CIRCUIT BREAKER & COUNTY ABATEMENTS ONLY: Send supporting income documentation for information provided below.

List yearly income from all sources received by all members of your household in prior year. (59-2-1202)

1. Wages, salaries, and other employee compensation	\$ _____
2. Business, farm, partnership, rent, sale of property and miscellaneous income	\$ _____
3. Dividends, interest, and trust income	\$ _____
4. Pensions, annuities, capital gains, and other retirement (IRA)	\$ _____
5. Social Security and Railroad Retirement	\$ _____
6. Welfare, unemployment compensation, alimony and strike benefits	\$ _____
7. Veterans Disability	\$ _____
TOTAL PRIOR YEAR HOUSEHOLD INCOME	\$ _____

CIRCUIT BREAKER (COMPLETE HOUSEHOLD INCOME FOR PRIOR YEAR INFORMATION)

To qualify, answers must be YES to the following (59-2-1201)

1. Must be 66 before December 31 (66 if born after 1950) OR are you a widow or widower? NO YES
2. Was household income for year prior to application less than **\$32,101.00** NO YES
3. Will you be a resident of this home in Utah for the entire application? NO YES
4. Did you OWN and OCCUPY your residence on January 1st of year application? NO YES
5. Did you furnish your own support for year prior to year of application? NO YES

COUNTY ABATEMENT: (COMPLETE HOUSEHOLD INCOME FOR PRIOR YEAR INFORMATION)

You must answer these questions to determine if you qualify (59-2-1107)

1. I am filing as:
Age 66 or Older.
Under 66 and disabled (attach physician's medical statement)
Extreme Hardship would prevail if not granted (attach explanation)
2. Was your household income less than **\$32,101.00** for the previous year? NO YES
3. Do you reside at above address for ten (10) months of each year? NO YES

VETERANS EXEMPTION

To qualify, answers must be YES and DISABILITY PERCENTAGE PROVIDED (59-2-1104)

- 1. Were you the owner of record January 1st of year of application NO YES
- 2. Are you a resident of Summit County? NO YES
- 3. Indicate service connected disability percentage per Veterans Administration _____ %
- 4. I am filing as the _____ Veteran OR _____ Unmarried surviving spouse or orphaned minor child or children who qualified for this exemption.

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Total Eligible Exempt Value: Veteran Disability (%) x \$255,301.00

Exempt Tax Dollars =

BLIND EXEMPTION

To qualify, answers must be YES to the following #1 OR #2 PLUS #3 and #4 (59-2-1106)

- 1. I have vision no more than 20/200 visual acuity in the better eye when corrected or have a restriction in the field of vision in the better eye which subtends an angle of vision no greater than 20 degrees (certified by ophthalmologist) NO YES
- 2. I am the unmarried surviving spouse or minor orphan of one who qualified NO YES
- 3. Are you a resident of Summit County? NO YES
- 4. Were you the owner of record January 1st of year of application NO YES

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Total Eligible Exempt Value: x \$11,500.00 =

Exempt

Tax Dollars

CERTIFICATION AND SIGNATURE

I declare that an abatement/exemption is entitled on the above property, and that the information on this form is correct and income entered is total house hold income received from all taxable and non-taxable sources. I have made no other application for exemption for current year.

DATE

SIGNATURE OF APPLICANT

SIGNATURE OF SPOUSE

FILING DEADLINE – SEPTEMBER 1