

ELDERLY EXEMPTION APPLICATION WORKSHEET

MAP / BLOCK ID \_\_\_\_\_  
PROPERTY OWNER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
PROPERTY OWNER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
PROPERTY LOCATION \_\_\_\_\_ PHONE # \_\_\_\_\_

**INCOME**

SOCIAL SECURITY \_\_\_\_\_  
PENSION PAYMENT \_\_\_\_\_  
WAGES EARNED \_\_\_\_\_  
DIVIDEND INCOME \_\_\_\_\_  
INTEREST INCOME \_\_\_\_\_  
ANNUITY INCOME \_\_\_\_\_  
IRA DISTRIBUTION \_\_\_\_\_  
FINANCIAL SUPPORT FROM OTHERS \_\_\_\_\_  
INCOME FROM RENTAL REAL ESTATE \_\_\_\_\_

**ASSETS**

PRIMARY RESIDENCE ACREAGE \_\_\_\_\_ NUMBER OF LIVING UNITS \_\_\_\_\_

**OTHER REAL ESTATE: TOWN/STATE** \_\_\_\_\_ VALUE \_\_\_\_\_  
MORTGAGE AMOUNT (OTHER PROPERTY) \_\_\_\_\_ PAYMENT \_\_\_\_\_

VEHICLE(S): YR/MAKE/MODEL \_\_\_\_\_ LOAN AMT \_\_\_\_\_  
\_\_\_\_\_

CHECKING ACCOUNT BALANCE \_\_\_\_\_  
SAVINGS ACCOUNT BALANCE \_\_\_\_\_  
CD(s) \_\_\_\_\_  
IRA(s) \_\_\_\_\_  
STOCKS/BONDS (FACE VALUE) \_\_\_\_\_  
ANNUITY (FACE VALUE) \_\_\_\_\_

**RESIDENCY REQUIREMENT:** MUST HAVE RESIDED IN THE STATE FOR AT LEAST FIVE (3) YEARS PRECEDING  
APRIL 1. DATE HOME PURCHASED? \_\_\_\_\_

**NOTE:** YOU MAY BE ASKED BY THE BOARD OF ASSESSORS FOR A COPY OF YOUR FEDERAL OR STATE  
DIVIDENDS/INTEREST INCOME TAX RETURN. DID YOU FILE A RETURN? IF YES, PLEASE SUBMIT A COPY  
WITH THIS APPLICATION.

**IRS:** YES \_\_\_\_\_ NO \_\_\_\_\_

**STATE:** YES \_\_\_\_\_ NO \_\_\_\_\_

UNDER THE PENALTIES OF PERJURY, I HEREBY DECLARE THAT THE ABOVE STATEMENTS ARE TRUE AND  
CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE OF OWNER DATE

\_\_\_\_\_  
SIGNATURE OF OWNER DATE