



2016 Tax Relief Application

Application must be filed by September 1st

For Office Use Only

ID#: _____
Abate Type: _____
Ownership: _____
Initials: _____

Marilyn K. Gillette

Tooele County Clerk/Auditor
47 S. Main, Suite #318, Tooele, UT 84074
Phone: 435-843-3148 * Fax: 435-882-7317
www.co.tooele.ut.us/Auditor/abatements.htm

1. Please check the type(s) of relief you are applying for:

- Circuit Breaker Abatement Active Military Veteran Blind Mobile Home Vehicles Only

2. _____
Applicant's Last Name First Name Middle Name Date of Birth Social Security Number

3. _____
Spouse's Last Name First Name Middle Name Date of Birth Social Security Number

4. _____
Address City & State Zip Code Phone Number

5. _____
Primary Residence Parcel Number Primary Residence Value Mobile Home Account Number (Include Year, and Make)

- 6. Yes No Did you own this property as of January 1, 2016? (Does not apply if Item 16 applies)
- 7. Yes No Is this property your primary residence? *County may require verification of residency.*
- 8. Yes No Have you filed for any Tax Relief this year in another county or state?
- 9. Yes No Is your property in a Trust Agreement? *A current copy of the Trust must be on file in our office.*
- 10. Yes No If yes, were there any changes to the trust in the past year?
- 11. Yes No Does your property exceed one acre? If yes, total number of acres: _____
- 12. Yes No Do you rent out a portion of your home? If yes, what percent is rented? _____ %
- 13. Yes No Do you use part of your home for business? If yes, what percent is business? _____ %

VETERAN WITH DISABILITY EXEMPTION UCA 59-2-1104/1105

A Certificate of Discharge and a statement issued by a military entity with % of disability or unemployable rating must be on file in our office.

14. Enter Your Service Related/Unemployable Disability Rating Here %

15. I am a veteran disabled as a result of military service, OR

16. I am an unmarried spouse/minor orphan of a deceased disabled veteran who served in the military.

A Supplemental Affidavit for unmarried widow(er) or minor orphan must be on file in our office.

Personal Property Exemptions for disabled veteran or blind applicants (vehicles, etc.

Contact Treasurer's office 435-755-1500

BLIND EXEMPTION UCA 59-2-1106

17. I am legally blind in both eyes, OR

18. I am an unmarried spouse/minor orphan of a deceased blind person.

A signed statement by a licensed ophthalmologist must be on file in our office verifying 20/200 visual acuity in the better eye; or a field of vision restriction with subtended angle of vision no greater than 20 degrees.

A Supplemental Affidavit for unmarried widow(er) or minor orphan must be on file in our office.

ACTIVE DUTY MILITARY EXEMPTION UCA 59-2-1104/1105

I was a member of an active or reserved Armed Forces component of the military

21. Qualifying Deployment Dates
From _____ To _____

19. deployed for at least 200 calendar days outside the state in 2015; OR

20. deployed for 200 consecutive days outside the state during 2014-2015.

Evidence of the "qualifying active duty military service" must be on file in our office.

LOW INCOME ABATEMENT/HOMEOWNER'S TAX CREDIT UCA 59-2-1107/1108/1109/1206/1207/1208

22. []Yes []No Will you be age 66 or older before December 31, 2016?
 23. []Yes []No If under age 65, are you an *unmarried* widow or widower?
 Date of spouse's death: _____ *A copy of death certificate must be on file in our office.*
 24. []Yes []No If under age 65, are you disabled? *Attach a medical statement signed by your doctor.*
 25. []Yes []No If under age 65, are paying taxes an extreme hardship? *Request a Hardship Application.*
 26. []Yes []No Will you reside at this address for 10 months out of the year?
 If "No" please explain: _____
 27. []Yes []No Will you live in Utah for the entire year of 2016?
 28. []Yes []No Were you financially self-supportive in 2015? *(No one claimed you as a dependent on a tax return.)*
 29. []Yes []No Do you own any other Real Estate? If "Yes" please list: _____

30. []Yes []No Do you own any other assets including savings accounts, certificates of deposits, etc.?
 If yes, list type of assets and balances: _____

31. Total household members living in the home during 2015 _____ Include their incomes in lines 32-38 below.

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2015 GROSS INCOME – INCLUDE INCOME FROM ALL HOUSEHOLD MEMBERS

32. Social Security, railroad retirement benefits and/or other government assistance	\$
33. Gross wages, salaries, tips, and/or other compensation	\$
34. Pensions, annuities, IRAs (taxable/non-taxable), V.A. disability benefits and/or trust income	\$
35. Welfare, unemployment, workers compensation, alimony and/or strike benefits	\$
36. Interest and/or dividends (taxable/non-taxable)	\$
37. Other income (Specify: business, rental, farm, capital gains, etc.)	\$
38. TOTAL 2015 GROSS HOUSEHOLD INCOME (Add lines 32 through 38)	\$

Attach Documentation (i.e. federal tax returns with all schedules) to verify that the total household income is \$31,845 or less

OATH AND SIGNATURE

Under penalties of perjury, I declare that I am a lawful resident of Cache County and a legal U.S. citizen. To the best of my knowledge and understanding, the information supplied on this application and all documents attached are true, correct and complete. I have included the income from all members of the household and authorize Cache County to inspect and/or receive tax information on household members from any office of the IRS or the Utah State Tax Commission as well as records from any financial institution. **If someone other than the applicant is signing the form, attach a copy of the Power of Attorney**

Official County Use Only		
Description	Primary Residence	Personal Property
ID Number		
Taxable Value		
Value Exempted		
Tax Amount		
Blind/Veteran		
Homeowner 20%		
Circuit Breaker		
Low Income Abate		
Net Tax Due		
County Approval	Initial: _____	Date: _____

Date: _____

Applicant's Signature: _____

Spouse's Signature: _____

(If home is owned in joint tenancy)

Name of Preparer: _____

Full Address: _____

Telephone Number: _____

Signature of Preparer: _____

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