APPLICATION FOR TAX CREDITS

1. Return this to the Assessor's Office.

2. SPOUSE'S NAME (Last) (First) (Middle Initial)  
   SPOUSE'S BIRTH DATE (Mo, Day, Yr)  
   SPOUSE'S SOC. SEC. #  

3. MAILING ADDRESS (No. and Street)  
   CITY OR TOWN (Don't Abbreviate)  
   STATE  
   ZIP CODE

4. PROPERTY ADDRESS (No. and Street)  
   CITY OR TOWN (Don't Abbreviate)  
   STATE  
   ZIP CODE  
   OTHER NAME ON PROPERTY

5. FILING STATUS - CHECK ONLY ONE:  
   Married  Unmarried  Surviving Spouse (Age 50 to 65)  Civil Union

6. DID OR WILL YOU FILE A FEDERAL TAX RETURN FOR THE GRAND LIST YEAR?  
   YES (Attach Copy)  NO

7. INCOME RECEIVED DURING LAST CALENDAR YEAR:  
   A. GROSS INCOME - Includes Federal Adjusted Gross income or its equivalent. Also includes, but is not limited to wages, lottery winnings, taxable pensions, IRA's, interest, dividends, and net rental income.  
   B. NON-TAXABLE INTEREST - Example: Interest from Tax Exempt Government Bonds
   C. SOCIAL SECURITY OR RAILROAD RETIREMENT INCOME - Add Medicare premiums (Attach SSA 1099)

8. APPLICANT/S'  
   X - This claim is disallowed for the following reason:

9. Date Application Received:

10. Total percentage of property (in fee or in life use) owned by this applicant:

11. Net Assessment based on ownership (Line 10) minus total exemptions  
   MUST agree to continuation sheet

12. Mill Rate:  

13. Amount of Property Tax:  

14. Allowable Table Percentage:

15. Credit Maximum:

16. Lesser of Line 15a or 15b  
   a. Line 13 X Line 14
   b. Minimum Grant

17. CREDIT AMOUNT  
   Greater of 16a or 16b

STOP! DO NOT WRITE BELOW THIS LINE - FOR ASSESSOR'S USE ONLY

SIGNATURE OF APPLICANT OR AUTHORIZED AGENT  
SIGNATURE OF ASSESSOR OR MEMBER OF ASSESSOR'S STAFF

DATE SIGNED (Mo, Day, Yr)