

2019 Property Tax Relief Application

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(Office Use Only)

APPLICATION ID: _____

Date Received: _____

Entered: _____

Audited: _____

Instructions

Application Deadline: The early deadline for this application is **September 1, 2019**. (ALL supporting documentation must be received by **December 31, 2019**.) **A new application must be filed each year.**

Where to Submit: Submit this application to the Summit County Treasurer. You may submit by mail, email, fax, or in person to the address listed above.

Please choose the tax relief program(s) for which you are applying, and complete the appropriate sections:

Tax Relief Program:

- Circuit Breaker
- County Hardship
- Disabled Veteran
- Active Duty Military
- Blind Exemption

You Must Complete:

- Sections 1, 2, 4, 9
- Sections 1, 3, 4, 9
- Sections 1, 5, 6, 9
- Sections 1, 7, 9
- Sections 1, 5, 8, 9

Beneficiary:

- Low-income age 66 & older, or surviving spouses
- Low-income, in extreme hardship, or disabled
- Veterans with 10% or greater disability
- Military with 200+ days active duty service
- Legally blind with vision no more than 20/200

SECTION 1: APPLICANT INFORMATION *(All applicants must complete.)*

Property Parcel ID: _____

Account Number: _____

If the property is held in a trust and the current trust agreement is not on file with the Treasurer's Office, you must provide a copy of the trust agreement before relief may be granted.

Last Name	First Name	Initial	Birth Date	Social Security Number	
Spouse Last Name	First Name	Initial	Birth Date	Death Date	Social Security Number
Property Address		City, State, Zip			
Mailing Address, if different					
Phone Number			Email Address		

SECTION 2: CIRCUIT BREAKER REQUIREMENTS *(Also complete sections 4 and 9.)*

- I am a homeowner age 66 or older by December 31, 2019,
OR I am an unmarried surviving spouse (widow/widower). *(New applicants must provide a copy of spouse's death certificate.)*
- I OWNED and OCCUPIED my residence on January 1, 2019
- I will be a resident of Utah for all of 2019.
- My household income in 2018 was less than \$33,530.
- I supplied at least 50% of my own financial support in 2018 and no one may claim me as a dependent in 2018.

SECTION 3: COUNTY HARDSHIP REQUIREMENTS *(Also complete sections 4 and 9.)*

Provide documentation of disability or hardship. First-time applicants living with a disability must provide a physician's medical statement verifying the disability. Those applying for a hardship abatement must provide a letter explaining the situation, as well as any bank/investment/asset statements as of December 31, 2018.

- I am age 65 or older by December 31, 2019,
OR I am under age 65 and disabled.
OR I am under age 65 and not disabled, but I am experiencing extreme hardship and will be unable to pay the property taxes when they're due without tax relief.
- I will be living in the residence for at least ten (10) months in 2019.
- My household income in 2018 was less than \$33,530.

If applying for hardship abatement:

- I do not own income-producing assets that could be sold to pay the tax when due.
- I have not transferred assets or made gifts of property to any relative or trust fund within the past 3 years.

Continue on reverse side.

SECTION 4: HOUSEHOLD INCOME

Include ALL 2018 income of ALL persons living in the home. Attach copies of all 2018 year-end income statements. Attach copies of federal tax returns including all schedules and attachments.

CHECK HERE if you did not file a 2018 Federal Tax Return.

(If non-filer, please supply copies of all 1099's: social security, pensions, interest, dividends, IRA, 401(k) withdrawals for EACH household member. OR submit an IRS wage and income transcript AND a verification of non-filing letter.)

- | | |
|--|----------|
| 1. Wages, Salaries, other Employee Compensation | \$ _____ |
| 2. Business, Farm, Rent, Partnership, Sale of Property or Miscellaneous Income | \$ _____ |
| 3. Social Security, Railroad Retirement, or Military Retirement: | \$ _____ |
| 4. Pensions, Annuities, IRA, 401(k), other Retirement | \$ _____ |
| 5. Dividends, Interest, or Trust Income Received | \$ _____ |
| 6. Capital Gains not listed above | \$ _____ |
| 7. TANF, Worker's Compensation, Alimony, Child Support, and Strike Benefits | \$ _____ |
| 8. Other Income not listed above from all household members | \$ _____ |

TOTAL 2018 HOUSEHOLD INCOME (Add lines 1 through 8): \$ _____

SECTION 5: MOTOR VEHICLE INFORMATION *(For disabled veteran and blind applicants only.)*

Provide vehicle information ONLY if you are applying for disabled veteran tax relief or a blind exemption.

Year _____	Make/Model _____	License Plate # _____
Year _____	Make/Model _____	License Plate # _____

SECTION 6: DISABLED VETERAN EXEMPTION REQUIREMENTS

Note: New applicants and those with a percentage change of disability must provide a letter dated within the last 8 months showing the % of disability and an effective date of January 1, 2019 or earlier.

- I have a combined percentage of disability certified by the Veterans Administration as _____%
- OR** I am the unmarried surviving spouse of a qualifying veteran and will provide a surviving spouse letter from the VA that shows the veteran's disability rating.
- OR** I am the unmarried surviving spouse of a veteran who was killed in action or died in the line of duty.
(New applicants please submit a copy of DD Form 1300, Report of Casualty, or other evidence of service-connected death.)
- I OWNED and OCCUPIED my residence on January 1, 2019 and this property is my primary residence.

SECTION 7: ACTIVE DUTY MILITARY EXEMPTION REQUIREMENTS

Note: Must provide military orders, DD214, or letter from commanding officer confirming dates of service.

- I completed at least 200 days of active duty service outside the state of Utah in 2018.
- OR**
- I completed at least 200 consecutive days of active duty service outside the state of Utah across 2017-2018, provided those days were not counted as qualifying days for tax relief in a prior year.

SECTION 8: BLIND EXEMPTION REQUIREMENTS

Note: New applicants must provide a letter from a licensed ophthalmologist verifying visual acuity as listed below. Letter must be updated every ten years.

- I am visually impaired with no more than 20/200 visual acuity in my better eye when corrected; or in the case of better than 20/200 central vision, have a restriction of the field of vision in the better eye which subtends an angle of vision no greater than 20 degrees.
- OR** I am the unmarried surviving spouse or minor orphan of a deceased blind person.
- I OWNED and OCCUPIED my residence on January 1, 2019 and this property is my primary residence.

SECTION 9: CERTIFICATION & SIGNATURE

- I hereby certify that I have not applied for property tax relief in any other county in Utah.
- I/we declare that the information provided herein is complete, true, and correct. I/we understand that the information provided is subject to verification by Summit County, and I/we authorize Summit County to receive and/or inspect confidential tax, banking, and investment information from any government office or financial institution.

Applicant

Date

Spouse (if home is owned in joint tenancy)

Date