

NEW \_\_\_\_\_  
FILED \_\_\_\_\_

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

**2012** \_\_\_\_\_  
**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:**

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	\$ _____
<b>TOTAL PRIOR YEAR HOUSEHOLD INCOME</b>	\$ _____

**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 (67 if born after 1945) OR are you a widow or widower? NO  YES
2. Was household income for year prior to application less than **\$29,919.00**? 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 1<sup>st</sup> 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 **\$29,919.00** 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 1<sup>st</sup> 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:  $Veteran\ Disability\ (\%) \times \$237,949.00 =$   
 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 1<sup>st</sup> 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**