

APPLICATION SENIOR PROPERTY VALUATION PROTECTION OPTION

APPLICANT: Copy and submit original application to the County Assessor's Office where the residence is located. EACH OWNER MUST SUBMIT AN APPLICATION.

Application Date _____ County _____ Book _____ Map _____ Parcel _____

Applicant's Name _____

Primary Residence Address: _____ City _____ Zip _____

Years lived in primary residence _____ (Must be minimum of 2 years.) Provide proof of residency by submitting utility statements, voter registration, or other documentation of proof as requested by Assessor.

NOTE: "Primary residence" is defined as that residence which is occupied by the taxpayer for an aggregate of nine months of the calendar year. A qualified taxpayer can have only one primary residence.

*Are you the sole owner? Yes ___ No ___ If co-owned, please state total number of owners _____
At least one of the owners must be 65 years old. Provide proof of age (birth certificate, driver's license, passport, etc.)

Qualified owner's date of birth: ____/____/____

INCOME INFORMATION: List total ANNUAL income for owner from all sources, taxable and nontaxable, for the prior year. Provide documentation as requested by Assessor to verify income.	
INCOME FROM ALL SOURCES	AMOUNT FOR YEAR _____
Salaries, wages, & tips	
Social Security benefits	
Pension and annuity	
Dividend and interest	
Rent and royalty income	
Business and farm income	
Arizona Unemployment Insurance payments	
Workmen's Compensation	
Railroad retirement benefits	
Veteran's disability pensions	
Alimony received	
Partnership, estate and trust	
Welfare payments	
Other income/Capital gains	
TOTAL ANNUAL GROSS INCOME =	

Under penalty of perjury, I hereby certify that all of the information contained in this application form is true and correct. I consent to the freezing of the property valuation of my primary residence for a three-year period starting with tax year _____. I understand if exterior alterations/additions are made to the property after the valuation lock has been approved, the valuation lock will be removed and I must reapply.

Print Name _____ Phone (____) _____

Signature _____ Date _____

COUNTY ASSESSOR USE ONLY	
Residency/Age/Income Requirements Met: Yes ___ No ___	Valuation Freeze Approved Yes ___ No ___
Amount of Income Verified \$ _____	Assessor/Deputy _____ Date _____
The full cash value will be locked at _____ beginning with tax year _____. _____ (initials)	