

ELIGIBLE \_\_\_\_\_ NOT ELIGIBLE \_\_\_\_\_

MAP # \_\_\_\_\_

SS# \_\_\_\_\_

FISCAL YEAR \_\_\_\_\_

**ANNUAL APPLICATION FOR EXEMPTION OF REAL ESTATE TAX  
ON PERSONAL RESIDENCE OF ELDERLY/PERMANENTLY &  
TOTALLY DISABLED PERSONS**

Owner's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Owner's Address \_\_\_\_\_ Telephone \_\_\_\_\_

Legal Description \_\_\_\_\_

Market Value of Residence & Land (land not to exceed 1 acre) \_\_\_\_\_

**TOTAL combined income, during the immediately preceding calendar year, from ALL sources of the owners of the dwelling living therein and of the owners' relatives, including spouse and nonrelatives, living in the dwelling as follows: (total CANNOT EXCEED \$45,000 except the first \$7,500 of income of each such relative and nonrelative other than the spouse, and first \$7,500 of income of disabled owner(s), shall not be included in total.) List the yearly amount received the preceding year in each of the classifications below:**

Amount of Social Security \$ \_\_\_\_\_ Amount of Interest \$ \_\_\_\_\_

Including Medicare Amount of Dividends \$ \_\_\_\_\_

Amount of Salary \$ \_\_\_\_\_ Amount of Other Income \$ \_\_\_\_\_

Amount of Pension \$ \_\_\_\_\_ (Specify)

Amount of Capital Gains \$ \_\_\_\_\_

**TOTAL AMOUNT OF YEARLY INCOME FROM ABOVE \$ \_\_\_\_\_**

**RELATIVES INCOME \$ \_\_\_\_\_**

**LESS EXCLUSIONS \$ \_\_\_\_\_**

**GRAND TOTAL \$ \_\_\_\_\_**

Certification by Social Security Administration, Dept. of Veteran Affairs, or Railroad Retirement Board:  
YES \_\_\_\_\_ NO \_\_\_\_\_ (Attach Copy)

Sworn affidavit by two (2) medical doctors licensed to practice medicine in the Commonwealth:  
YES \_\_\_\_\_ NO \_\_\_\_\_ (Attach Copy)

Name of Spouse and income from Social Security, etc (if any) \_\_\_\_\_

Names of relatives of owner(s) living in the residence and amount of their income.

Does the total financial worth as of December 31, of the immediately preceding year of the owner and spouse, and of owner(s) relatives living therein (excluding the value of the dwelling and land to be exempted under this application) exceed \$80,000? \_\_\_\_\_ YES \_\_\_\_\_ NO

**FILL IN VALUES THAT APPLY TO YOU BELOW:**

Livestock \$ \_\_\_\_\_ Furniture and Machinery \$ \_\_\_\_\_

Vehicles \$ \_\_\_\_\_ (Cars, Trucks, Trailers, Boats, etc)

Mortgages \$ \_\_\_\_\_ Mobile Homes \$ \_\_\_\_\_

Other \$ \_\_\_\_\_ Balance on Mortgages \$ \_\_\_\_\_

**OATH** – I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature of Commissioner of the Revenue or Deputy