

If partial ownership, explain how the ownership is legally held and the proportion owned by applicant.

3. List the names, relation, ages and social security numbers of all persons related/unrelated to the applicant who occupy the dwelling.

NAME	RELATION	AGE	SOCIAL SECURITY #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please complete this gross income statement for the previous calendar year. Included in this statement should be the total gross income from all sources of the applicant and spouse and income in excess of \$5,500.00 of each additional occupant living in the dwelling.

<u>GROSS INCOME of :</u>	<u>APPLICANT</u>	<u>SPOUSE</u>	<u>OCCUPANT(S) LIVING IN DWELLING</u>
SALARIES, WAGES, ETC.	_____	_____	_____
PENSIONS	_____	_____	_____
SOCIAL SECURITY	_____	_____	_____
SUPPLEMENT	_____	_____	_____
INTEREST	_____	_____	_____
DIVIDENDS	_____	_____	_____
RENT (S)	_____	_____	_____
WELFARE	_____	_____	_____
GIFTS	_____	_____	_____
CAPITAL GAINS	_____	_____	_____
TRUST FUND INCOME	_____	_____	_____
OTHER SOURCES	_____	_____	_____
TOTAL GROSS INCOME	_____	_____	_____

**TOTAL GROSS COMBINED INCOME OF THE APPLICANT,
SPOUSE AND ADDITIONAL OCCUPANT(S) \$ _____**

Please complete this statement of net financial worth as of December 31 of the previous calendar year.

Net Financial Worth – All assets of the owners of the dwelling and the spouse of any owner who resides therein, including equitable interests; excluding the value of the dwelling and the land in an amount not to exceed one acre upon which it is situated.

<u>NET VALUE OF ASSETS for:</u>	<u>APPLICANT</u>	<u>SPOUSE</u>
REAL ESTATE	_____	_____
PERSONAL PROPERTY (AUTO)	_____	_____
PERSONAL PROPERTY (OTHER)	_____	_____
SAVINGS ACCOUNT (S)	_____	_____
CHECKING ACCOUNT (S)	_____	_____
CASH	_____	_____
STOCKS	_____	_____
BONDS	_____	_____
CD'S	_____	_____
INSURANCE (CASH VALUE)	_____	_____
PROPERTY IN TRUST	_____	_____
OTHER ASSETS	_____	_____
TOTAL	_____	_____

TOTAL COMBINED NET FINANCIAL WORTH OF THE APPLICANT AND SPOUSE \$ _____

(NOTE: IF YOU FILED A FEDERAL/STATE INCOME TAX RETURN LAST YEAR ATTACH A COPY.)

CERTIFICATE

I (we) certify, under the penalties provided by law, that this application for Real Estate Tax Relief for the Elderly and Persons with Disabilities, including any accompanying forms, schedules, and/or financial statements, to the best of my (our) knowledge and belief is true, correct and complete.

DATE

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF SPOUSE