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 WEBER COUNTY CLERK/AUDITOR  
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**2016 TAX RELIEF APPLICATION**  
[webercountyutah.gov/clerk\\_auditor/tax\\_relief.php](http://webercountyutah.gov/clerk_auditor/tax_relief.php)



*Please file early. We may need additional documents from you.*  
**ALL SUPPORTING DOCUMENTS MUST BE RECEIVED BY DEC 31<sup>ST</sup>, 2016.**

For Office Use Only

Abate No: \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 Report No: \_\_\_\_\_  
 Ownership: \_\_\_\_\_

1. Please check the type(s) of relief you are applying for:     Circuit Breaker     Abatement  
 Deployed Military     Veteran     Blind     Mobile Home     Vehicles Only

2. \_\_\_\_\_  
 Applicant's Last Name      First Name      Middle Name      Date of Birth      Social Security Number

3. \_\_\_\_\_  
 Spouse's Last Name      First Name      Middle Name      Date of Birth      Social Security Number

4. \_\_\_\_\_  
 Address      City & State      Zip Code      Phone Number

5. \_\_\_\_\_ OR \_\_\_\_\_  
 Parcel Number      Mobile Home (List Year, Make and Serial Number)

- 6.  Yes  No Did you own this property as of January 1, 2016? (Does not apply if Item 15 applies.)
- 7.  Yes  No Have you filed for any Tax Relief this year in another county or state?
- 8.  Yes  No Is your property in a Trust Agreement? *If yes, a copy of the Trust must be on file in our office.*
- 9.  Yes  No Does your property exceed one acre?      If yes, total number of acres: \_\_\_\_\_
- 10.  Yes  No Do you rent out a portion of your home?      If yes, what percent is rented? \_\_\_\_\_%
- 11.  Yes  No Do you use part of your home for business?      If yes, what percent is business? \_\_\_\_\_%

**VETERAN WITH DISABILITIES EXEMPTION**    12. Enter Your Service Related/Unemployable Disability Rating Here: \_\_\_\_\_ %

*Your Veterans Administration letter showing % of disability or unemployable rating must be on file in our office.*

13.  Yes  No Is this property your primary residence?

14.  I am a veteran disabled as a result of military service, OR 15.  I am an unmarried spouse or minor orphan of a deceased veteran with disabilities who served in the military forces of the United States or of this State. NOTE: If you checked box 15, and have not already filed a Supplemental Affidavit for unmarried widow(er) or minor orphan with a previous application, please contact our office to request the Affidavit or visit [http://www.webercountyutah.gov/clerk\\_auditor/add\\_tax\\_relief.php](http://www.webercountyutah.gov/clerk_auditor/add_tax_relief.php)

*For disabled veteran or blind exemption on personal property (cars, trailers, etc.) please contact our office.*

**BLIND EXEMPTION** *A verification statement signed by a licensed ophthalmologist must be on file in our office.*

16.  I am legally blind in both eyes, OR 17.  I am an unmarried spouse or minor orphan of a deceased blind person. NOTE: If you checked box 17, please file the Supplemental Affidavit for unmarried widow(er) or minor orphan. This form is available from our office, or at [http://www.webercountyutah.gov/clerk\\_auditor/add\\_tax\\_relief.php](http://www.webercountyutah.gov/clerk_auditor/add_tax_relief.php)

**DEPLOYED MILITARY EXEMPTION**      21. Applicable Deployed Dates

*Submit a copy of your travel voucher (or DTS equivalent) with your application.*      From      To

18.  Yes  No Is this property your primary residence?      \_\_\_\_\_      \_\_\_\_\_

I was a military member in the military forces of the United States or this State,      \_\_\_\_\_      \_\_\_\_\_

19.  deployed for at least 200 calendar days in 2015; OR      \_\_\_\_\_      \_\_\_\_\_

20.  deployed for 200 consecutive days across 2014-2015. (If the last qualifying day was in 2016, apply in 2017.)      \_\_\_\_\_      \_\_\_\_\_

**CIRCUIT BREAKER AND ABATEMENT EXEMPTION - Must include 2015 income documents. See below.**

22. [ ]Yes [ ]No Will you be age 66 or older before December 31, 2016?  
23. [ ]Yes [ ]No If under age 66, are you an unmarried widow or widower?  
If you answered yes on line 23, enter month and year of spouse's death: \_\_\_\_\_  
(First time applicants please submit copy of spouse's death certificate.)  
24. [ ]Yes [ ]No Will you reside at this address for 10 months out of the year?  
If you answered "No" please explain: \_\_\_\_\_  
25. [ ]Yes [ ]No Will you live in Utah for the entire year of 2016?  
26. [ ]Yes [ ]No Were you financially self-supportive in 2015? (No one claimed you as a dependent on a tax return.)  
27. [ ]Yes [ ]No Do you own any other Real Estate? If yes, please list: \_\_\_\_\_

28. Please list any other assets and account balances, including savings, checking, certificates of deposits, etc.  
*NOTE: This information is required to determine program eligibility.* \_\_\_\_\_

29. Please list all household members living in the home during 2015. Include their incomes in lines 30-36 below.

Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**2015 GROSS INCOME – INCLUDE INCOME FOR YOU & ALL PEOPLE LISTED IN ITEM #29.  
You Must Attach 2015 Income Documents To Verify These Amounts.**

30. Social Security, railroad retirement benefits and/or other government programs.	\$
31. Gross wages, salaries, tips, and/or other compensation.	\$
32. Pensions, annuities, V.A. disability benefits and/or trust income.	\$
33. Welfare, unemployment, alimony and/or strike benefits.	\$
34. Interest and/or dividends (taxable and non-taxable).	\$
35. Other income (Specify: rent, capital gains, etc.) (Rent requires proof of renter relationship.)	\$
36. TOTAL 2015 GROSS HOUSEHOLD INCOME (Add lines 30 through 35).	\$

**ALL DOCUMENTS MUST BE RECEIVED BY: December 31<sup>st</sup> 2016**

**For tax relief amounts to show on the 2016 Tax Notice, this application must be filed by September 1, 2016**

**OATH AND SIGNATURE**

Under penalties of perjury, I declare that I am a lawful resident of Weber County and to the best of my knowledge and understanding, the information supplied on this application and all documents attached are true, correct and complete. I have included the income from all members of the household and authorize Weber County to inspect and/or receive tax information on household members from any office of the IRS or the Utah State Tax Commission as well as records from any financial institution.

37. Applicant's Signature: \_\_\_\_\_ 39. Spouse's Signature: \_\_\_\_\_  
(If home is owned in joint tenancy.)  
38. Date: \_\_\_\_\_ A Signed Application Needs To Be Filed Each Year by Dec. 31 To Qualify For The Tax Relief Programs.

\*If someone other than the applicant is preparing and/or signing the form, please attach a copy of the Power of Attorney\*

Name of Person Preparing This Form: \_\_\_\_\_  
Full Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Signature of Person Preparing This Form: \_\_\_\_\_