

RICKY HATCH, CPA
 WEBER COUNTY CLERK/AUDITOR
 2380 WASHINGTON BLVD., SUITE 320
 OGDEN, UT 84401-1456
 PHONE: (801) 399-8400
 FAX: (801) 399-8300

2018 TAX RELIEF APPLICATION
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 31ST, 2018.

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, 2018? *(Does not apply if #15 applies.)*
 7. Yes No Is this property your primary residence? *County may require residency verification.*
 8. Yes No Have you filed for any Tax Relief this year in another county or state?
 9. Yes No Is your property in a Trust Agreement? *If yes, a copy of the Trust must be on file in our office.*
 If yes, were there any changes to the trust in the past year? No Yes *(Please include copy of changes.)*
 10. Yes No Does your property exceed one acre? If yes, total number of acres: _____
 11. Yes No Do you rent out a portion of your home? If yes, what percent is rented? _____%
 12. Yes No Do you use part of your home for business? If yes, what percent is business? _____%

SELLING YOUR HOME THIS YEAR? CONTACT US FIRST FOR MORE INFO!

VETERAN WITH DISABILITIES EXEMPTION

13. 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.

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

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

DEPLOYED MILITARY EXEMPTION

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

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

19. on orders for at least 200 calendar days outside Utah in 2017; OR
 20. on orders for 200 consecutive days outside Utah across 2016-2017.
(If the last qualifying day is in 2018, apply in 2019.)

18. Qualifying Duty Dates
 From To

CIRCUIT BREAKER AND ABATEMENT EXEMPTION - Must include 2017 income documents. See below.

22. Yes No Will you be age 66 or older before December 31, 2018?
 If under age 66: 23. Yes No Are you an unmarried widow or widower? (First time applicants please submit copy of death certificate.)
 If yes, month and year of spouse's death: _____
 24. Yes No Are you disabled? (Submit a medical statement signed by your doctor.)
 25. Yes No Are paying taxes an extreme hardship? (Submit additional Hardship info.)
26. Yes No Will you live in Utah for the entire year of 2018?
 27. Yes No Will you reside at this address for 10 months out of the year?
 If you answered "No" please explain: _____
 28. Yes No Did anyone claim you on their 2017 tax return? (Do you rely on someone else for financial support?)
 29. Yes No Do you own any other Real Estate? If yes, please list: _____

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

31. Please list all household members living in the home during 2017. Include their incomes in lines 30-36 below.

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

**2017 GROSS INCOME – INCLUDE INCOME FOR YOU & ALL PEOPLE LISTED IN ITEM #29.
You Must Attach 2017 Income Documents To Verify These Amounts.**

32. Social Security, railroad retirement benefits and/or other government programs.	\$
33. Gross wages, salaries, tips, and/or other compensation.	\$
34. Pensions, annuities, V.A. disability benefits and/or trust income.	\$
35. Welfare, unemployment, alimony and/or strike benefits.	\$
36. Interest and/or dividends (taxable and non-taxable).	\$
37. Other income (Specify: rent, capital gains, etc.)(Rent below market rate may require add'l info)	\$
38. TOTAL 2017 GROSS HOUSEHOLD INCOME (Add lines 32 through 37).	\$

ALL DOCUMENTS MUST BE RECEIVED BY: December 31st 2018

For tax relief amounts to show on the 2018 Tax Notice, this application must be filed by September 1, 2018

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: _____