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 WEBER COUNTY CLERK/AUDITOR  
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**2017 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>, 2017.**

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, 2017? *(Does not apply if Item 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? \_\_\_\_\_%

**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](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**      18. Qualifying Duty Dates

*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, \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

19.  on orders for at least 200 calendar days outside Utah in 2016; OR \_\_\_\_\_  
 20.  on orders for 200 consecutive days outside Utah across 2015-2016. \_\_\_\_\_  
*(If the last qualifying day was in 2017, apply in 2018.)*

**CIRCUIT BREAKER AND ABATEMENT EXEMPTION - Must include 2016 income documents. See below.**

22.  Yes  No Will you be age 66 or older before December 31, 2017?  
 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 2017?  
 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 2016 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 2016. Include their incomes in lines 30-36 below.

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

**2016 GROSS INCOME – INCLUDE INCOME FOR YOU & ALL PEOPLE LISTED IN ITEM #29.  
 You Must Attach 2016 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 requires proof of renter relationship.)	\$
38. TOTAL 2016 GROSS HOUSEHOLD INCOME (Add lines 32 through 37).	\$

**ALL DOCUMENTS MUST BE RECEIVED BY: December 31<sup>st</sup> 2017**

**For tax relief amounts to show on the 2017 Tax Notice, this application must be filed by September 1, 2017**

**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: \_\_\_\_\_