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 WEBER COUNTY CLERK/AUDITOR
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2015 TAX RELIEF APPLICATION
www.co.weber.ut.us/Clerk_Auditor/tax_relief.php



Please file early. We may need additional documents from you.
ALL SUPPORTING DOCUMENTS MUST BE RECEIVED BY DEC 31ST, 2015.

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, 2015? (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? _____ %

<u>VETERAN WITH DISABILITIES EXEMPTION</u>	12. Enter Your Service Related/Unemployable Disability Rating Here:	%
A form from V.A. or military branch 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 www.co.weber.ut.us/Clerk_Auditor/tax_relief.php		

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

<u>BLIND EXEMPTION</u>	<i>A verification statement signed by a licensed ophthalmologist must be on file in our office.</i>
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 www.co.weber.ut.us/Clerk_Auditor/tax_relief.php	

<u>DEPLOYED MILITARY EXEMPTION</u>	21. Applicable Deployed Dates
<i>Evidence of the eligible deployed military service must be on file in our office.</i>	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 2014; OR	_____
20. [] deployed for 200 consecutive days across 2013-2014. (If the last qualifying day was in 2015, apply in 2016.)	_____

CIRCUIT BREAKER AND ABATEMENT EXEMPTION

22. []Yes []No Will you be age 66 or older before December 31, 2015?
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 2015?
26. []Yes []No Were you financially self-supportive in 2014? (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. []Yes []No Do you own any other assets including savings accounts, certificates of deposits, etc.?
If yes, list type of assets and balances: _____
NOTE: This information is required to determine program eligibility. _____
29. Please list all household members living in the home during 2014. Include their incomes in lines 30-36 below.
- | Name | Age | Relationship | Name | Age | Relationship |
|-------|-------|--------------|-------|-------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

2014 GROSS INCOME – INCLUDE INCOME FROM ALL HOUSEHOLD MEMBERS

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 2014 GROSS HOUSEHOLD INCOME (Add lines 30 through 35).	\$

You Must Attach 2014 Income Documents To Verify The Above Amounts.

ALL DOCUMENTS MUST BE RECEIVED BY: December 31st 2015

For tax relief amounts to show on the 2015 Tax Notice, this application must be filed by September 1, 2015

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: _____