

Ricky Hatch, CPA

Weber County Clerk/Auditor
2380 Washington Blvd, Ste 320
Ogden UT 84401-1456
(801)399-8489
taxrelief@webercountyutah.gov

2025 GENERAL TAX RELIEF



APPLICATION MUST BE SUBMITTED BY SEPTEMBER 2, 2025
YOU MUST FILE AN APPLICATION EVERY YEAR TO RECEIVE TAX RELIEF
Please file early. We may need additional documents.



☐ Blind ☐ Circuit Breaker ☐ Indigent Abatement

For Office Use Only	Received By:	Initials: _____	Received Date (Stamp)
	Notes:	Report No: _____	
		Ownership: _____	

1. Applicant Information

Applicant's Last Name	Applicant's First Name	M.I.	Date of Birth	Social Security Number
Spouse's Last Name	Spouse's First Name	M.I.	Date of Birth	Social Security Number
Mailing Address (Street, Suite #, Apt #)	City, State, Zip Code			Telephone
Email	Emergency Contact Name/Relation			Phone Number

2. Property Information

Residential Real Property	Parcel Number	Mobile Home	VIN or Mobile Home Account Number
Is any portion of your home rented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is any portion of your home used for Trade or Business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Portion of Home Rented:	%	Portion of Home Used for Business:	%
Is this property in a Trust? If Yes, a copy of the Trust must be on file in our office.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If in a Trust, were there any changes to the Trust in the past year? If Yes, please include a copy of the changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Affidavit

- a. ☐ Yes ☐ No Is this property your primary residence? (**County may require residency verification.**)
- b. ☐ Yes ☐ No Did you own this property as of January 1, 2025?
- c. ☐ Yes ☐ No Does your property exceed one (1) acre? If so, list total number of acres: _____
- d. ☐ Yes ☐ No Have you filed for Tax Relief this year in any other county or state?
If yes, Prior Address: _____

4. Blind

If you are applying for the Blind Exemption, please complete this section. If not, please skip this section.

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

- a. ☐ Yes ☐ No Are you legally blind in both eyes?
- b. ☐ Yes ☐ No Are you the unmarried spouse or minor orphan of a deceased blind person?
If Yes, you **MUST** file the Supplemental Affidavit for an unmarried widow(er) or minor orphan. This form is available from our office or at <https://www.webercountyutah.gov/tax>.

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

5. Circuit Breaker and Abatement

If you are applying for Circuit Breaker and/or Abatement, please complete Sections 5-7. If not, please skip to Section 8.

- a. ☐ Yes ☐ No Will you be age 66 or older before December 31, 2025?
- b. ☐ Yes ☐ No Are you an unmarried widow(er)? If Yes, enter date of spouse's death _____
First time applicants must submit a copy of death certificate.
- c. ☐ Yes ☐ No Are you disabled? **If yes, you must submit a Medical Certification form signed by your doctor.**
- d. ☐ Yes ☐ No Are paying taxes an extreme hardship? **If yes, you must submit a Hardship letter.**
- e. ☐ Yes ☐ No Will you live in Utah for the entire year 2025?
- f. ☐ Yes ☐ No Will you reside at this address for at least 10 months of the year?
If No, please explain. _____
- g. ☐ Yes ☐ No Did anyone claim you as a dependent on their 2024 tax return?
- h. ☐ Yes ☐ No Do you own any other Real Estate? If yes, list address(es): _____

6. Members of Household - List all persons over the age of 18 living in the residence anytime during 2024 (including yourself) and include all 2024 income below.

Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship
Name	Age	Relationship

7. Total Household Income - Include income for you and ALL those listed above. You must attach 2024 income documents for verification (e.g., Tax Return, Schedules, Income Statements)

a. Social Security, Railroad Retirement Benefits, and/or other government programs	\$
b. Gross wages, salaries, tips, and/or other compensation	\$
c. Pensions, annuities, VA Disability benefits and/or Trust income	\$
d. Welfare, unemployment, alimony, IRA/Roth IRA/401k Distributions, and/or Strike Benefits	\$
e. Interest and/or Dividends (Taxable AND Non-Taxable)	\$
f. Rental Income	\$
g. Capital Gains	\$
h. Other Income	\$
	\$
TOTAL 2024 HOUSEHOLD INCOME (MUST NOT EXCEED \$42,623 TO QUALIFY)	\$

PLEASE LIST ANY LIQUID ASSET BALANCES:

<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Cash on Hand	<input type="checkbox"/> CD/Money Market	<input type="checkbox"/> Other
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8. Oath and Signature – All Applicants Must Sign

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.

Applicant Signature	Date
Co-Owner/Spouse Signature	Date
Name/Address/Phone of Person Preparing this Form if other than applicant (attach Power of Attorney)	
Signature	