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2023 TAX RELIEF APPLICATION
webercountyutah.gov/Clerk_Auditor/tax_relief.php



Please file early. We may need additional documents from you.
ALL APPLICATIONS MUST BE SUBMITTED BY SEPTEMBER 1ST, 2023.

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 Veteran Deployed Military Blind Mobile Home Vehicles Only

2. _____
 Applicant's Last Name First Name Middle Name Date of Birth Social Security Number Phone Number

3. _____
 Co-Owner's Last Name First Name Middle Name Date of Birth Social Security Number Phone Number

4. _____
 Address City & State Zip Code

5. _____ 6. _____
 Parcel Number/Mobile Home Number Email Address

7. Yes No Did you own this property as of January 1, 2023? (*N/A for Veteran w/ Disabilities program.*)
 8. Yes No Is this property your primary residence? (*County may require residency verification.*)
 9. Yes No Have you filed for any Tax Relief this year in another county or state?
 If yes, prior address: _____
 10. 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? Yes No (*Please include copy of changes.*)
 11. Yes No Do you rent out a portion of your home?

VETERAN WITH DISABILITIES EXEMPTION 12. Enter Your Overall Combined Service Related Disability Rating Here: %

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

13. I am a veteran disabled as a result of military service, OR
 14. 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 https://www.webercountyutah.gov/Clerk_Auditor/add_tax_relief.php

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

15. I am legally blind in both eyes, OR 16. I am an unmarried spouse or minor orphan of a deceased blind person. **NOTE:** If you checked box 16, please file the Supplemental Affidavit for unmarried widow(er) or minor orphan. This form is available from our office, or at https://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.

DEPLOYED MILITARY EXEMPTION 17. 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 _____
 18. on orders outside of Utah for at least 200 days of a 365 day period and _____
 19. my 200th qualifying day was in 2022. _____
(If your 200th day was in 2023, apply in 2024.)

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

CIRCUIT BREAKER AND ABATEMENT EXEMPTION - **Must include 2022 income documents. See below.**

- 20. []Yes []No Will you be age 66 or older before December 31, 2023?
- 21. []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: _____
- 22. []Yes []No Are you disabled? *(Submit a medical statement signed by your doctor.)*
- 23. []Yes []No Are paying taxes an extreme hardship? *(Submit additional Hardship letter.)*
- 24. []Yes []No Will you live in Utah for the entire year of 2023?
- 25. []Yes []No Will you reside at this address for 10 months out of the year?
If you answered "No" please explain: _____
- 26. []Yes []No Did anyone claim you on their 2022 tax return? *(Do you rely on someone else for financial support?)*
- 27. []Yes []No Do you own any other Real Estate? If yes, please list addresses: _____

28. Please list all household members living in the home during 2023. Include their incomes in lines 30-36 below.

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

29. If applying for the Abatement Program, please list any liquid asset balances.

Savings	Checking	CDs	Money Market	Other
_____	_____	_____	_____	_____

2022 GROSS INCOME – INCLUDE INCOME FOR YOU & ALL PEOPLE LISTED IN ITEM #28.

You Must Attach 2022 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, IRA disbursements and/or strike benefits.	\$ _____
34. Interest and/or dividends (taxable and non-taxable).	\$ _____
35. Other income (Specify: rent, capital gains, etc.)	\$ _____
36. TOTAL 2022 GROSS HOUSEHOLD INCOME (Add lines 30 through 35).	\$ _____

ALL DOCUMENTS MUST BE SUBMITTED BY: SEPTEMBER 1ST

For tax relief amounts to show on the 2023 Tax Notice, this application must be approved by Sep 1, 2023.

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: _____ 38. Co-Owner's Signature: _____

(If home is owned in joint tenancy.)

39. Date: _____ **A Signed Application Needs To Be Filed Each Year by Sep. 1st 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: _____ Phone: _____

Full Address: _____

Signature of Person Preparing This Form: _____