

INCOME STATEMENT FOR USE BY THE ASSESSOR OR COLLECTOR IN DETERMINING ELIGIBILITY FOR SENIOR CITIZENS, DISABLED OR SURVIVING SPOUSE DEDUCTIONS:

RE: _____
 (Applicant's Name) (Applicant's Phone Number)

The undersigned submits the following statement of income to aid in the determination of eligibility for a Senior Citizen's, Disabled or Surviving Spouse tax deduction with respect to premises located at:

INCOME FOR THE CALENDAR YEAR _____
 (Including Spouse's Income)

1.	Salaries or Wages		
	Applicant:	\$ _____ month	\$ _____ year
	Spouse:	\$ _____ month	\$ _____ year
2.	Pension or Retirement (private)		
	Applicant:	\$ _____ month	\$ _____ year
	Spouse:	\$ _____ month	\$ _____ year
3.	Social Security Benefits		
	Applicant:	\$ _____ month	\$ _____ year
	Spouse:	\$ _____ month	\$ _____ year
4.	Pension (State of Federal)		
	Applicant	\$ _____ month	\$ _____ year
	Spouse	\$ _____ month	\$ _____ year
5.	Disability Benefits		
	Applicant:	\$ _____ month	\$ _____ year
	Spouse:	\$ _____ month	\$ _____ year
6.	Railroad Retirement Pensions -		
	Applicant:	\$ _____ month	\$ _____ year
	Spouse:	\$ _____ month	\$ _____ year
7.	Interest and Dividends	\$ _____ month	\$ _____ year
8.	Net Rents or Royalties	\$ _____ month	\$ _____ year
9.	Capital Gains	\$ _____ month	\$ _____ year
10.	Other Income	\$ _____ month	\$ _____ year
Annual Gross Income			
(Sum of items 1 to 10 inclusive)			\$ _____ year

Note: The appropriate official will determine which of the above items are to be excluded.

Applicant's signature

Spouse's signature

To Applicant: The above income detail is to enable the assessor or collector to determine which items of income may be excluded under the law and to determine whether you meet the income requirements of the law. Failure to complete this form may result in the loss or denial of your tax deduction.