

**SUPPLEMENTAL INCOME STATEMENT  
FOR USE IN DETERMINING ELIGIBILITY FOR  
A PROPERTY TAX DEDUCTION**

I \_\_\_\_\_ submit the following Statement of Income to aid in the determination of eligibility for a \_\_\_\_\_ property tax deduction with respect to the following property described.

|                   |  |                     |  |
|-------------------|--|---------------------|--|
| County            |  | Municipality        |  |
| Property Location |  | Block/Lot/Qualifier |  |

|  |  |
|--|--|
| Applicant's Name   |  |
| Applicant's Date of Birth                                    |  |
| Telephone Number   |  |
| Spouse's Name  |  |
| Spouse's Date of Birth                                       |  |
| Spouse collecting Social Security in own right (yes/no)      |  |
| Spouse collecting Social Security through applicant (yes/no) |  |

**INCOME FOR THE CALENDAR YEAR \_\_\_\_\_**

The Assessor/Collector will determine which of the following items are to be excluded under the law and will determine whether you meet the income requirements to receive a property tax deduction.

| TYPE OF INCOME                                     | APPLICANT | SPOUSE |
|--|-----------|--------|
| 1. Pension or Retirement (private)                 |           |        |
| 2. Salaries or Wages                               |           |        |
| 3. Interest and Dividends                          |           |        |
| 4. Net Rents or Royalties                          |           |        |
| 5. Capital Gains                                   |           |        |
| 6. Other Income                                    |           |        |
| SUBTOTAL (lines 1-6)                               |           |        |
| 7. Social Security Benefits                        |           |        |
| 8. Federal or State or County or Municipal Pension |           |        |
| 9. Railroad Retirement Pension                     |           |        |
| 10. State or Federal Disability Benefits           |           |        |
| TOTAL YEARLY INCOME<br>(subtotal + lines 7-10)     |           |        |

TOTAL COMBINED INCOME \_\_\_\_\_

I hereby certify that the foregoing declarations are true to the best of my knowledge and belief and fully understand that such declarations will be considered as if made under oath, and as to a false declaration, shall be subject to the penalties as provided by law.

|                       |  |
|-----------------------|--|
| Date:                 |  |
| Applicant's Signature |  |
| Spouse's Signature    |  |