

2025 PROPERTY TAX RELIEF APPLICATION



Please file early. We may need additional documentation.
ALL SUPPORTING DOCUMENTS MUST BE RECEIVED BY SEPT 1, 2025.

Please check the type(s) of property tax relief you are applying for:

- Blind Veteran with Disabilities Vehicles Deployed Military Circuit Breaker Indigent County

Applicant's Last Name	First Name	Middle Name	Date of Birth	Social Security Number
Co-Owner's Last Name	First Name	Middle Name	Date of Birth	Social Security Number
Address	City & State		Zip Code	Phone Number
Account Number	OR	Property Serial Number	Email Address	

- YES NO Did you own this property as of January 1st of the current year? (*N/A for Veteran relief*)
- YES NO Is this property your primary residence? (*County may require residency verification*)
- YES NO Have you filed for property tax relief for the current year in another country or state?
If yes, where? _____
- YES NO Is your property in a Trust Agreement? *If yes, a copy of the Trust Agreement must be provided.*
- YES NO Does your property exceed one acre? If yes, total number of acres: _____
- YES NO Do you rent out a portion of your home? If yes, what percent is rented? _____
- YES NO Do you use part of your home for business purposes? If yes, what percent is business? _____

BLIND EXEMPTION – A verification statement signed by a licensed ophthalmologist must be provided.

8. Check the applicable box: I am legally blind in both eyes, OR I am an unmarried spouse or minor orphan of a deceased blind person (*death certificate and proof of relationship must be provided*)
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VETERAN WITH DISABILITIES EXEMPTION –
Your DD214 and VA letter showing disability rating must be provided

9. Check the applicable box: I am a veteran with a service-connected disability, OR I am an unmarried spouse or minor orphan of a deceased veteran with disabilities who served in military forces of the United States

10. YES NO Will you reside in this property on September 1st of the current year?
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BLIND or VETERAN exemptions for personal property only (cars, trailers, etc.) please contact our office

DEPLOYED MILITARY EXEMPTION – Your travel voucher(s) or DTS equivalent must be provided.

11. Check the applicable box: I was a military member in the military forces of the United States or Utah
 on orders for at least 200 calendar days outside Utah in 2024, OR
 on orders for 200 consecutive days outside Utah across 2023 – 2024
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OFFICE USE ONLY

Approved Incomplete _____ Denied _____

- Blind Veteran with Disabilities Vehicles Deployed Military Circuit Breaker Indigent County

Income Amount _____ Veteran % _____

CIRCUIT BREAKER – Prior year income documents for the household must be provided.

12. YES NO Will you be 66 or older before December 31st of the current year?
 If under age 66, are you an unmarried widow or widower? YES NO
If an unmarried widow(er), a death certificate for the decedent must be provided.
13. YES NO Are you disabled? If yes, a medical statement signed by a doctor must be provided.
14. YES NO Are you paying taxes on extreme hardship? If yes, the Hardship form must be submitted.
15. YES NO Will you live at this address as your primary residence for the entire application year?
16. YES NO Were you financially self-supportive for the previous year?
(Cannot be claimed as a dependent on a tax return).
17. YES NO Do you own any other Real Estate? If yes, please list: _____
18. List all household members living in the home during the previous year *(additional sheets can be submitted if needed - all household members **must** provide income documentation)*

Name	Age	Relationship	Name	Age	Relationship
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**PRIOR YEAR GROSS INCOME – include for self and all others living at home –
 - supporting documents must be provided (full tax return, social security, etc.)**

Social Security, railroad retirements benefits and/or other government programs	\$
Gross wages, salaries, tips, and/or other compensation	\$
Pensions, annuities, VA disability benefits and/or trust income	\$
Welfare, unemployment, alimony and/or strike benefits	\$
Interest and/or dividends (taxable and non-taxable)	\$
Other income (rent, capital gains, etc.)	\$
TOTAL GROSS HOUSEHOLD INCOME	\$

*Household income must be no more than *\$42,623 to qualify for Circuit Breaker or Indigent County Abatement(s).*

**INDIGENT COUNTY – In addition to the requirements of Circuit Breaker relief, complete the following:
 List all liquid asset balances and provide bank statements for three (3) consecutive months for all banking
 institutions for the household.**

SAVINGS	CHECKING	CDs	MONEY MARKET	Stocks, Bonds, Annuities, Cash, Etc.

Under penalties of perjury, I declare that I am a lawful resident of Washington 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. If applicable, I have included the income from all members of the household and authorize Washington 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. If applying for the Veteran’s Exemption or Deployed Military, I authorize Washington County to inspect and/or receive information from the Veterans Administration and/or Department of Defense.

Applicant Signature _____ Date _____

Co-Owner Signature _____ Date _____

**If someone other than the applicant is preparing and/or signing the form, please attach a copy of Power of Attorney.*

POA Name _____ Signature _____ Date _____