



Gila County Assessor

1400 E. Ash St., Globe, Arizona 85501

2013

SENIOR PROPERTY VALUATION PROTECTION **INFORMATION**

Purpose: To Freeze **Full Cash Value Only** of a Primary Residence
Owned by Seniors Based on Income and Age.

Information must be Returned to the Gila County Assessor's Office by September 1st.

Requirements for Applicant:

- **Must be on title of property and a minimum of age 65.**
- **Property must be primary residence for a minimum of two years. Rental property does not qualify. Primary residence is defined as a residence occupied by the taxpayer (applicant) for an aggregate of nine months of the calendar year. A taxpayer can have only one primary residence.**
- **All sources of income from all owners, including taxable and non-taxable monies, cannot exceed \$34,080 for single owner or \$42,600 for two or more owners, for 2012.**

Copies of the Following Documents are Required with Application and worksheet:

- Proof of age eligibility - Birth certificate, Passport or Driver's License.
- Proof of residency – Driver's License, State Issued ID Card or Voter Registration, etc.
- Proof of property ownership - Valuation Notice, Tax Bill or Deed.
- Proof of all income - Interest, Dividends, Social Security Statement, Retirement, Pension, Wages, Salaries, Annuities, Alimony, Disability, Unemployment or Public Benefit Statements and Copy of Previous Year's Federal Income Tax Return with all schedules.

Qualified Persons Must Renew Application Every 3 Years

(Income information will be used by this office for verification only and will be considered and kept confidential.)

**SENIOR PROPERTY VALUATION
PROTECTION APPLICATION -2013**

Note: When completing this application **PLEASE PRINT** and use **ONLY BLACK or BLUE INK.**

Please return by mail to the above address.

Requirements for Applicant

- Must be on title of property and a minimum age of 65.
- Must be primary residence of applicant. (Occupied by the applicant for a minimum of nine months of the calendar year.
- Must have resided in primary residence for at least two years before applying.
- **Total Income from all sources for all co-owners** cannot exceed requirements.

Parcel Number: _____ Applicant Name: _____

Co Owners:

Property Address:

Mailing Address (if different from site): _____

City: _____ State: _____ Zip: _____

NOTE: Application must be renewed every three years.

I request protection of the **FULL CASH VALUE** of the above listed property. (Check one)

___ I am the sole Owner of the above listed property which is my primary residence and my Income from all taxable and non-taxable sources, for the past year, does not exceed **\$34,080** for the calendar year, **2012**.

___ I am the Owner of the above listed property, (which is my primary residence) along with (list others) _____ and _____. Combined income for all owners, from all taxable and non-taxable sources, for the past year, does not exceed **\$42,600**, for the calendar year, **2012**.

I hereby state that all of the income information is complete and true and is an accurate listing of all taxable and non-taxable income of the applicant and all co-owners.

Signed: _____ Date: _____

Attach: Proof of Applicants age.

Income worksheet and copies of supporting tax returns and all schedules.

Copies of documents proving ownership and residency

(Income information will be used by this office for verification only and will be considered and kept confidential.)

For Office use only:

Date approved: _____ Date Entered: _____ By: # _____

2013

SENIOR PROPERTY VALUATION

PROTECTION CHECK LIST

PLEASE SEND PHOTOCOPIES OF ONE FROM LINES 1-3:

- _____ 1. Applicant Proof of age
Birth Certificate **OR**
Passport **OR**
Drivers License
- _____ 2. Applicant Proof of Ownership of Property:
Deed to primary residence **OR**
Valuation Notice **OR**
Property Tax Bill
- _____ 3. Applicant Proof of **Occupancy** of Primary Residence for **2 years prior to Application:**
Driver's License (with date of issue over two years) **OR**
State issued ID card **OR**
Voter Registration **OR**
Utility Bills from two years previous.
- _____ 4. Name of **ALL CO-OWNERS AND THOSE WHO LIVE ON THE PROPERTY.**
- _____ 5. Proof of **ALL SOURCES** of **INCOME, TAXABLE and NON-TAXABLE, FOR APPLICANT, CO-OWNERS AND ALL THOSE WHO LIVE ON THE PROPERTY**
Interest & dividends, Social Security, retirement, pension, wages, salaries, annuities, alimony, disability, unemployment, or public benefits statements, copy of previous year's **Federal** income tax returns and all accompanying schedules that you filed.
(Income information will be used by this office for verification only and will be considered confidential.)
- _____ 6. Applicant signature on completed application.
- _____ 7. Other Information Required: _____

QUALIFIED PERSONS MUST RENEW APPLICATION EVERY 3 YEARS

