



## Gila County Assessor

Dale Hom, Assessor

1400 E. Ash St., Globe, Arizona 85501

### WIDOWS/WIDOWERS OR DISABLED EXEMPTION FORM FINANCIAL STATEMENT FOR THE TAX YEAR 2012

Applicants for property tax exemption must provide ALL income for 2011. Please answer the following questions.

1. Do you file an income tax return? YES\_\_\_ NO\_\_\_

If you answered YES, please furnish our office with a copy of your 2011 ARIZONA STATE INCOME TAX RETURN.

2. Is Social Security your only source of Income? YES\_\_\_ NO\_\_\_

3. Do you receive a pension of any kind? YES\_\_\_ NO\_\_\_  
From Whom \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

4. Do you receive interest from any of the following? YES\_\_\_ NO\_\_\_  
CHECKING AMOUNT PER YEAR \$ \_\_\_\_\_  
SAVINGS AMOUNT PER YEAR \$ \_\_\_\_\_  
CD'S AMOUNT PER YEAR \$ \_\_\_\_\_  
INVESTMENTS AMOUNT PER YEAR \$ \_\_\_\_\_

5. Did you receive any money from sale of property? YES\_\_\_ NO\_\_\_  
Amount \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

6. Do you receive any other type of income not listed above? YES\_\_\_ NO\_\_\_  
From Whom \_\_\_\_\_  
Amount \$ \_\_\_\_\_ Monthly \_\_\_\_\_ Yearly \_\_\_\_\_

7. Please furnish our office with the year, make & model of all vehicles in your name.  
A. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
B. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_  
C. YEAR \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_

PLEASE RETURN THIS FORM WITH YOUR AFFIDAVIT FOR TAX EXEMPTION AS SOON AS POSSIBLE TO THE ADDRESS LISTED ABOVE.  
IF YOU HAVE ANY QUESTIONS PLEASE CALL (928) 402-8711 OR 1-800-304-4452 EXT. 8711.

Signature: \_\_\_\_\_  
Phone (928) 402-8714

Date: \_\_\_\_\_  
Fax (928) 425-0408

**CERTIFICATION OF DISABILITY FOR PROPERTY TAX EXEMPTION**

Pursuant to A.R.S. § 42-11151, 42-11152, 42-11153 and Article IX, Sections 2, 2.1, 2.2 and 2.3 Arizona Constitution

**MEDICAL CERTIFICATE FOR TOTALLY AND PERMANENTLY DISABLED PERSONS**

Submit this form to the County Assessor's Office no later than the last day in February of each year.

Applicant's Name: \_\_\_\_\_  
 (Last) (First) (Initial)

Address: \_\_\_\_\_  
 (Street)

\_\_\_\_\_ (City) (State) (Zip)

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Marital Status: Single  Married  Divorced

**TO BE COMPLETED BY THE EXAMINING PHYSICIAN OR PSYCHIATRIST:**

In order to qualify for the property tax exemption for disabled persons, a person must be totally and permanently disabled, either physically or mentally, **resulting in that person's inability to engage in any substantial gainful activity.**

The disability must be expected to last for a continuous period of not less than 12 months. The person must be **certified** as totally and permanently disabled by a competent medical authority.

**I HEREBY CERTIFY THE APPLICANT'S CONDITION AS STATED BELOW:**

Mental or physical disability is considered to be TOTAL and PERMANENT and the applicant is unable to engage in any substantial gainful activity. Yes  No

\_\_\_\_\_  
Physician or Psychiatrist's Signature Date

Type or Print  
\_\_\_\_\_  
Physician or Psychiatrist's Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City State Zip  
( )  
\_\_\_\_\_  
Phone Number

**Physician/Psychiatrist's Office Stamp:**