Maricopa County Assessor
Keith E. Russell, MAI

SENIOR PROPERTY VALUATION PROTECTION INFORMATION

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

Application deadline: *September 1st, 2008.*

Mail To: *Maricopa County Assessor, 301 W. Jefferson, Suite 330, Phoenix, Arizona 85003, Phone: 602-506-3406.*

Requirements for Applicant:

- **Name must be on title of property and one applicant a minimum of age 65 when applying.**
- **Property must be applicant's primary residence** for a **minimum** of **two** years prior to application. Rental property does not qualify. Primary residence is defined as a residence occupied by the taxpayer (applicant) for an aggregate of nine months each calendar year. A taxpayer can have only **one** primary residence.
- **All sources of income from all owners,** including **taxable and nontaxable** monies, cannot exceed $30,576 for single owner or $38,220 for two or more owners, in an average of income for the previous 3 years.

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 gross income* – Copies of income statements for previous 3 years, regarding all Interest, Dividends, Social Security, Retirement, Pension, Wages, Salaries, Annuities, Alimony, Disability, Unemployment or Public Benefit Statements & Copies of Previous Year's Federal Income Tax Returns with all schedules.

*(*Information will be used for verification of application only and is considered confidential.)*

Qualified Persons Must Renew Application Every 3 Years.

Renewal applications will be sent 6 months prior to renewal date.

Applicants qualifying by September 1st will be notified by December 1st of the application year.

Applications after September 1st will be processed for the subsequent year.

Maricopa County Assessor
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SENIOR VALUATION PROTECTION APPLICATION

(For Property Located in Maricopa County Only)

Note: When completing this application **PLEASE PRINT** and use **ONLY BLACK or BLUE INK.** Please return by mail to: **Maricopa County Assessor, 301 W. Jefferson, Suite 330, Phoenix, Arizona 85003, Phone: 602-506-3406.**

Requirements for Applicant:

- Must be on title of property and one a minimum age of 65.
- Must be primary residence of applicant. (Occupied by the applicant for a minimum of 9 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 owners** in an income average of previous 3 years, 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 (3) YEARS.
A renewal application will be mailed to you 6 months prior to your renewal date.

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 gross income, from all taxable and non-taxable sources, does not exceed $30,576 in an income average of the past three years.

_____ I am the Owner of the above listed property, (which is my primary residence) along with (list others) _____ and _____. Combined gross income for all owners, from all taxable and non-taxable sources, does not exceed $38,220 in an income average of the past three years.

Did owner(s) file an Income Tax Return for 2007?: _____ (Yes/No)
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 Applicant's age.
Income worksheet and copies of supporting income statements, tax returns and all schedules.*
Copies of documents proving ownership and residency.

(*Income information will be used for verification only and is considered confidential.)

For Office use only:

Date approved: Date Entered: By: #

Maricopa County Assessor
Keith E. Russell, MAI

INITIAL INCOME WORKSHEET

Application Year: _____ Parcel Number _____-_____-_____

Applicant Name:_____

Co-Owners:_____

Address: _____

City/State/Zip: _____ Phone:(_____)_____

Parcel ID of other parcels:_____

Please use the worksheet below to list yearly **gross income** totals, including income that is not taxed. List income from **ALL sources** and from **ALL owners** for **past three years**. If you do not have income in a particular category, please list zero in that column. Attach to your application with copies of supporting documentation, tax returns and all schedules. Please sign and mail your application as soon as possible. The deadline for applications and supporting documents is September 1st. The Assessor is required to respond to your application on or before December 1st. Per Arizona Constitution, Article 9, Section 18.7

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

Income Type	**2007 Year #1**	**2006 Year #2**	**2005 Year #3**
Salaries, wages and tips earned	$	$	$
Social Security benefits received (include Medicare)	$	$	$
Pension, IRA, annuity income received	$	$	$
Dividend and interest income received	$	$	$
Rent and royalties received. (Schedule E)	$	$	$
Capital Gains received. (Schedule D)	$	$	$
Business and farm income received (Scheds C & F)	$	$	$
Unemployment insurance payments received	$	$	$
Workmen's compensation payments received	$	$	$
Railroad and other retirement benefits received	$	$	$
Veteran's disability pension payments received	$	$	$
Alimony payments received	$	$	$
Estate and trust income received	$	$	$
Welfare payments received	$	$	$
Other income earned or received:	$	$	$
Total:	$	$	$

NOTE: The Assessor is required to review income qualifications for this program on a triennial basis and must use the average total income during the previous three years for renewals. Please make sure you maintain the necessary records for this review and use the 3-year, renewal worksheet that will be mailed to you prior to your renewal date. For more information, please call 602-506-3406.

(Sign statement below and attach this worksheet with documentation to application.)

I hereby state that all of the above 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.

_____ _____

Signature **Date** **Signature** **Date**

Office use only: **Date Approved** **ID#**

301 W. Jefferson, Phoenix, Arizona 85003, www.maricopa.gov/assessor