

56.	CITY #	57. DI	58. MAP	59. GROUP	60. CNTL MAP	61. PARCEL	62. PI	63. SI	64. SSD1	65. SSD2	66. SSD3
SECOND PARCEL #:											
67. COUNTY TAX		68. DATE TAXES PAID		69. 25% ASSESSMENT		70. TAX RATE		71. RECEIPT #		72. TAX BILL AMOUNT	
ISSUE PAYMENT TO:		MONTH DAY YEAR		RESIDENTIAL ONLY							
<input type="checkbox"/> Applicant <input type="checkbox"/> County											
\$											
73. CITY TAX		74. DATE TAXES PAID		75. 25% ASSESSMENT		76. TAX RATE		77. RECEIPT #		78. TAX BILL AMOUNT	
ISSUE PAYMENT TO:		MONTH DAY YEAR		RESIDENTIAL ONLY							
<input type="checkbox"/> Applicant <input type="checkbox"/> City											
\$											
79. DECEASED OWNERS:		LAST NAME		FIRST NAME		RELATION		YEAR OF DEATH		Deadline for taking application and paying taxes is 35 days after the property tax delinquency date. To avoid interest, total tax must be paid by delinquency date.	
						1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING					
						2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER					
						1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING					
						2. <input type="checkbox"/> PARENT 4. <input type="checkbox"/> OTHER					
						1. <input type="checkbox"/> SPOUSE 3. <input type="checkbox"/> SIBLING					

80. DID YOU RECEIVE TAX RELIEF ON ANOTHER ADDRESS OR PROPERTY EXEMPTION IN ANOTHER STATE IN THE CURRENT TAX YEAR? YES NO

IF YES, PROVIDE COMPLETE ADDRESS: _____

81. Comments: (Please Print)

82. Certification by Collecting Official:
 I assert that I have exercised reasonable care and am satisfied that the applicant understood the following:
 (a) all changes of spouse and owners were to be listed; and
 (b) all income from all sources for applicant's spouse and each owner was to be listed and was not to exceed the income limit; and
 (c) intentionally providing false information could subject the applicant to penalty and interest charges in addition to immediate repayment of any tax relief received for years in which false information was provided.
 I further assert that I detect no condition in this application/voucher, which would necessitate any documentation from this applicant in addition to that submitted.

Trustee or
City Collecting Official:

83. APPLICATION DATE: / / **84. APPLICANT'S SIGNATURE:** _____

85. SPOUSE'S/CO-OWNER'S/RESIDENT REMAINDER'S SIGNATURE: _____

I certify this information to be correct and understand that the information I have provided is subject to verification through matching programs with the social security administration. I understand I could be subject to penalty and interest for intentionally providing false information.

86. WITNESS TO SIGNATURE MARK - This is to certify that we have witnessed the signing of this application by:

Applicant: _____ Witness Address: _____

County: _____ Witness Address: _____

87. SIGNATURE OF APPLICANT: _____

88. SIGNATURE OF WITNESS: _____

