

**SUPPLEMENTAL INCOME STATEMENT FOR A SENIOR CITIZEN,  
DISABILITY OR SURVIVING SPOUSE TAX DEDUCTION**

THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT OF INCOME TO AID IN THE DETERMINATION OF ELIGIBILITY FOR A TAX DEDUCTION WITH RESPECT TO THE PREMISES LISTED BELOW:

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ QUALIFIER \_\_\_\_\_

LOCATION \_\_\_\_\_

INCOME FOR THE CALENDAR YEAR \_\_\_\_\_  
(INCLUDES SPOUSE'S INCOME)

PENSION & RETIREMENT BENEFITS (PRIVATE) \$ \_\_\_\_\_

SALARIES & WAGES \$ \_\_\_\_\_

INTEREST (SAVINGS & CD) \$ \_\_\_\_\_

DIVIDENDS (STOCKS & BONDS) \$ \_\_\_\_\_

GROSS RENTS & ROYALTIES \$ \_\_\_\_\_

CAPITAL GAINS \$ \_\_\_\_\_

OTHER INCOME \$ \_\_\_\_\_

SOCIAL SECURITY OR DISABILITY BENEFITS

HUSBAND \$ \_\_\_\_\_

WIFE \$ \_\_\_\_\_ \$ \_\_\_\_\_

STATE OR FEDERAL PENSION \$ \_\_\_\_\_

TOTAL GROSS ANNUAL INCOME \$ \_\_\_\_\_  
(SUM OF ALL LINES)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANTS SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S SIGNATURE

TO APPLICANT: THE ABOVE INCOME DETAIL IS TO ENABLE THE ASSESSOR OR COLLECTOR TO DETERMINE WHICH ITEMS OF INCOME MAY BE EXCLUDED UNDER THE STATE GUIDELINES AND TO DETERMINE WHETHER YOU MEET THE INCOME REQUIREMENTS SET FORTH BY LAW. FAILURE TO COMPLETE THIS FORM MAY RESULT IN THE DENIAL OF YOUR APPLICATION FOR TAX DEDUCTION.