STATE OF NEW MEXICO - 2009 TAX YEAR

Application Form Revised 2008

APPLICATION-LIMITATION ON INCREASE IN VALUE FOR SINGLE FAMILY DWELLINGS OCCUPIED BY LOW INCOME OWNERS 65 YEARS OF AGE OR OLDER OR DISABLED

Pursuant to 7-36-21.3 NMSA 2000 as Amended in 2008

INSTRUCTIONS ON REVERSE SIDE
PLEASE READ CAREFULLY

County Name	County Assessor's Phone Number	Tax Year

Applicant's First Name	Middle Initial	Last Name

Present Mailing Address (Number & Street, P. O. Box or Rural Route)

City & State	Zip Code	Phone Number

Driver's License or Personal ID Certificate (Number & State)	Date of Birth

Part 1 **Physical Address / Legal Description of Property** | **Uniform Property Code (UPC):**

A. Is the property the applicant's primary residence? YES ☐ NO ☐

B. Is the property occupied by the applicant and is he or she the current owner? YES ☐ NO ☐

C. Will the applicant be age 65 or over during the current tax year? YES ☐ NO ☐

D. Is the applicant disabled? YES ☐ NO ☐

Part II **Enter "Modified Gross Income", all income received by the applicant, applicant's spouse and dependants.**
Please see section 7-2-2 (L) of the Income Tax Act.

		(Round to nearest whole dollar amount.) Gross Annual Income	
1. Compensation;	1		.00
2. Net profit derived from business;	2		.00
3. Gains derived from dealings in property;	3		.00
4. Interest;	4		.00
5. Net rents;	5		.00
6. Royalties	6		.00
7. Dividends;	7		.00
8. Alimony and separate maintenance payments;	8		.00
9. Annuities;	9		.00
10. Income from life insurance and endowment contracts;	10		.00
11. Pensions;	11		.00
12. Discharge of indebtedness;	12		.00
13. Distributive share of partnership;	13		.00
14. Income in respect of a decedent;	14		.00
15. Income from an interest in an estate or trust;	15		.00
16. Social Security benefits;	16		.00
17. Unemployment compensation;	17		.00
18. Workers' compensation benefits;	18		.00
19. Public assistance and welfare benefits;	19		.00
20. Cost-of living allowances; and	20		.00
21. Gifts;	21		.00
			.00
Total Modified Gross Income (Add lines 1 thru 21.)			.00

Part III VALUATION LIMITATION - (To be completed by the County Assessor) Qualifies ☐ Does not qualify ☐

The records of _____County indicate the property value is $_____as reflected on the _____(Date) Notice of Value.

Valuation Limitation Authorized by:_____ **Date:**_____

Part IV CERTIFICATION BY PROPERTY OWNER -**(To be signed by Applicant)**

I certify that I am the legal owner of this property, I am living on this property and the income and age statements made are true and accurate. I understand that false statements made intentionally on this application may be penalized as provided for in 7-38-92 and 7-38-93 of the Property Tax Code.

Amended income tax returns shall be reported within 30 days of filing.

Applicant Signature:_____ Date:_____