

**SUPPLEMENTAL INCOME STATEMENT  
FOR USE IN DETERMINING ELIGIBILITY FOR A  
PROPERTY TAX DEDUCTION**

Return the completed form to the Tax Collector

**Applicant's Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Applicant's Address** \_\_\_\_\_

The undersigned submits this statement of income to aid in the determination of eligibility for a Senior Citizen or Disabled Person's tax deduction with respect to the premises located at:

\_\_\_\_\_  
Street Municipality Block Lot

**INCOME FOR THE CALENDAR YEAR 2006**

(Including Spouse's Income)

- 1. Pension or Retirement (Private) \$ \_\_\_\_\_
- 2. Salaries or Wages \$ \_\_\_\_\_
- 3. Interest & Dividends \$ \_\_\_\_\_
- 4. Net Rents or Royalties \$ \_\_\_\_\_
- 5. Capital Gains \$ \_\_\_\_\_
- 6. Other Income \$ \_\_\_\_\_

7. Social Security Benefits:

Husband \$ \_\_\_\_\_

Wife \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

8. State or Federal Pension, Disability Benefits:

Husband \$ \_\_\_\_\_

Wife \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

9. Railroad Retirement Pension:

Husband \$ \_\_\_\_\_

Wife \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

**Annual Gross Income (Sum of Items 1 through 9) \$ \_\_\_\_\_**

(Note: The Assessor will determine which of the above items are to be excluded.)

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
SIGNATURE OF APPLICANT'S SPOUSE

The above income detail will enable the Assessor to determine which items of income may be excluded under the law and to determine whether you meet the income requirements of the law. Failure to complete this form may result in loss of your deduction.

**PROOF OF AGE MUST BE SUBMITTED ALONG WITH  
THIS APPLICATION IN THE FORM OF DRIVER'S  
LICENSE OR BIRTH CERTIFICATE COPIES.**