

2018 BLIND EXEMPTION APPLICATION

K. Wayne Cushing, CPA
Salt Lake County Treasurer



TREASURER

*NOTE: A new application must be filed each year.
The deadline to apply is September 4, 2018*

Web: slco.org/treasurer
Email: slcotreasurer@slco.org
Phone: (385) 468-8300 (Option #2)
Fax: (385) 468-8301
Hours: 8AM - 5PM
Address: 2001 S State St., #N1-200
SLC UT 84114-4575

(Office Use Only)
APPLICATION ID: _____
Received: _____
Entered: _____
Audited: _____
Screen Audit: _____

(Office Use Only)

1. APPLICANT

Last Name	First	Initial	Birth Date	SS#
Mailing Address			Resident Address	
City, State, Zip			Phone	Email
Spouse Name	Birth Date	Death Date		SS#

2. OWNERSHIP

Real Property (residential) Parcel #: _____ ***Mobile Home Account #:** _____

NOTE: If the property is held in a trust and the current trust agreement is not on file with the Treasurer's Office, you must provide a copy of the trust agreement before relief may be granted.

Motor Vehicles: **Year** _____ **Make** _____ **Model** _____
 Year _____ **Make** _____ **Model** _____

NOTE: Copies of registration are required if you are adding vehicles that are not on record with the Treasurer's agency or requesting refunds

3. AFFIDAVIT

First time applicants must provide a statement signed by a licensed ophthalmologist verifying that the qualifying person: (a) has no more than 20/200 visual acuity in the better eye when corrected; or (b) has, in the case of better than 20/200 central vision, a restriction of the field of vision in the better eye which subtends an angle of vision no greater than 20 degrees. (UCA 59-2-1106(3)). An updated ophthalmologist statement is required every 10 years.

I/We hereby certify the following: (mark all which apply)

- I am a United States Citizen.
- I am a qualified alien as defined in 8 U.S.C., Sec.1641 and lawfully present in the United States.
 My Alien Registration Number is _____. My I-94 Number is _____
 (New applicants who are qualified aliens must provide copies of their immigration documents)
- I am ____ a blind person or ____ an unmarried surviving spouse or minor orphan of a deceased blind person.
- I have not applied for 2018 tax relief in any other county in Utah.
- I rent out my home ____%.
- I use my home in a trade or business ____%.

4. Certification

I/We hereby swear subject to penalties of perjury and other legal and civil penalties that the information provided herein is complete, true and correct. I/We agree and understand that the information provided is subject to verification by Salt Lake County as a consequence of this application for tax abatement. I/We hereby authorize Salt Lake County to inspect and/or receive confidential tax information in any office of the IRS or the Utah State Tax Commission and to inspect and/or receive banking and investment information from any financial or securities institution holding such information. A copy of this signed application may be relied on as my consent to the inspection or receipt of such records.

Applicant	Date	Spouse	Date
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NOTE: Please send original signatures only. Copied, faxed, or emailed signature can not be accepted.

Mail the completed form to:

Salt Lake County Treasurer - Tax Relief Department | PO BOX 144575 | Salt Lake City, UT 84114-4575