

# 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
-----------	------	--------	------

**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**