K. WAYNE CUSHING, CPA
SALT LAKE COUNTY TREASURER
SALT LAKE COUNTY GOVERNMENT CENTER
2001 SOUTH STATE STREET #N1-200, SLC UT 84114-4575
OFFICE HOURS ARE 8:00 A.M. TO 5:00 P.M.
TELEPHONE: (385) 468-8300, THEN SELECT OPTION 2
EMAIL: SLCOTREASURER@SLCO.ORG • SLCO.ORG/TREASURER

APPLICANT ID _____

Received:_____
Entered: _____
Audited:_____
Screen Audit:_____
(OFFICE USE ONLY)

APPLICATION FOR 2017 BLIND EXEMPTION

THE STATUTORY DEADLINE FOR FILING APPLICATIONS IS SEPTEMBER 1, 2017
EXCEPT AS PROVIDED IN UTAH CODE SECTION 59-2-1106(2).
YOU MUST FILE AN APPLICATION EACH YEAR TO CONTINUE RELIEF.

1

_____
Applicant Last Name First Initial Birth Date SS#

_____
Mailing Address Resident Address

_____
City, State, Zip Telephone Number Email Address

_____
Spouse Name Birth Date Date of Death SS#

2 **If you are not the owner of record as of January 1, 2017, please provide herewith a complete explanation of ownership together with copies of supporting documents such as SALES CONTRACT, TRUST AGREEMENT or AFFIDAVIT. Real property held by tenants in common may receive tax relief only on the proportional share owned by the qualifying applicant.**

REAL PROPERTY *

Parcel Number

MOTOR VEHICLES **

Year	Make	Plate #

MOBILE HOME

Account Number

*** 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 can be granted.**

**** If you are adding vehicles that are not on record with the Treasurer's office, please provide copies of registration.**

3

AFFIDAVIT

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 owned and occupied the residence described on January 1, 2017.

❒ I have **not** applied for 2017 Tax Relief in any other county in Utah.

First time applicants must provide a statement signed by a licensed opthalmologist verifying that the qualifing person: (a) has no more that 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 opthalmologist statement is needed every 10 years.

❒ I rent out my home. _____ %

❒ I use my home in a trade or business. _____ %

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CERTIFICATION

I/We hereby swear to penalties of perjury and other legal and cival 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 exemption. I/We hereby authorize Salt Lake County to inspect and/or receive confidential information directly from any certifying physician or medical provider holding such information. A copy of this signed application may be relied on as my consent to the inspection of receipt of such records.

_____ _____
Applicant Date Spouse Date

Mail the completed form to: Salt Lake County Treasurer
Tax Relief Division
PO Box 144575
Salt Lake City, UT 84114-4575

Code(s):