Town of Ogden Assessor's Office Additional Income Affidavit and Disclosure Statement - Roll Year 20____

To be submitted with all Low-Income Senior (RP-467) and Low-Income Disabilities (RP-459-c) Applications and Renewals

	OWNER INFORM	MATION			
Name of Owner 1		Owner 2			
Age on 12/31/2016		/31/2016	Relationship to Owne	Relationship to Owner 1	
Property Location		Mailing Address			
		☐ Same as			
City, State, Zip					
QUESTION 1: OTHER RESID	DENTS OF THE PROPERTY				
Are there any residents in the ho	me other than the senior appli	icant(s) listed	above?	Yes No	
Name Relationship to Owr		Age* School District & Name of school			
	-	1	1		
		+	+		
		_			
* If any non-owner resident is o				sidents' Contribution	
Work	sheet, available online or at th	e Ogden Ass	essor's Office		
QUESTION 2: NON-TAXAB	LE INCOME (any income	not inclu	ded on income	tax return)	
Do/Does the applicant(s) have ar			Attach earning	•	
Doy Does the applicante, mar 2 and	Ty Horr taxable meee.	65 🗀 1.0	/ (ttuoi)	5 Statement(s)	
☐ Veterans Disability ☐ Pens	sion Benefit 🔲 Railro	ad Retirement	☐ Unemployment	Benefits	
☐ Workers Compensation ☐ Other		Disability			
QUESTION 3: OTHER RESID					
Do you own any other residentia	· · · · · · · · · · · · · · · · · · ·	_	· · · · · · · · · · · · · · · · · · ·	-	
tax discounts based on your resid		IT YES, IU	lentify address(es		
Street Address	Town/City		County	State	
QUESTION 4: FOR NEW RE	SIDENTS OF OGDEN (if	property i	ourchased with	hin one vear)	
	• • • • • • • • • • • • • • • • • • • •				
Did you have the limited income If YES:	senior exemption on your prev	/IOUS INY Pro	perty? U Yes	∐ No	
Address	Municipality		County		
	CERTIFICATION AND S	IGNATUR	E(S)		
UNDER PENALTY OF PERJURY, 1/	we swear that I/we have disclo	osed all incor	ne information in	icluding, but not	
limited to, non-taxable interest in	ncome, capital gains, alimony,	business and	or commissions,	, rental income,	
insurance disability income, vete	rans disability income, workers	s' compensat	ion, unemployme	ent payments, etc.	
And, UNDER PENALTY OF PERJU				<u>-</u>	
our primary residence. And I her	• = =		-	cts with the	
appropriate authorities, (Internal	Revenue Service, State of Nev	w York, and S	chool District).		
Signature (Owner 1)			Date signed		
Signature (Owner 2)			Date signed		