

DATE MAILED: 3/23/2016

UTCSNM
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ACCOUNT #: UTCSLC
SERVICE ADDRESS: UTSVAD

RE: Senior Citizen Property Tax Deduction

To Property Owner: UTCSNM

The City of Milford offers a senior citizen property tax deduction for qualified applicants.

Please read the enclosed application to see if you are eligible for this benefit. If you qualify, fill out the application and mail it back to us before June 3rd 2016.

**IT IS VERY IMPORTANT TO INCLUDE YOUR INCOME VERIFICATION OTHERWISE
YOUR APPLICATION WILL NOT BE CONSIDERED.**

Please note, it is the City of Milford's policy for seniors to **reapply** each year to be considered for this property tax reduction. The deduction **does not** automatically renew.

If you have any questions regarding this matter or wish to discuss this further, please contact the City of Milford Customer Service office at (302) 422-6616 or contact Susan Schoenfelder directly at 302-422-6616 (ext. 207) or Carol Scott at 302-422-6616 (ext. 204) Monday through Friday from 8:00 a.m. to 4:30 p.m.

Sincerely,
The City of Milford
Customer Service Department



CUSTOMER SERVICE
302.422.6616, FAX 302.422.1120

119 S. WALNUT STREET
MILFORD, DE 19963

APPLICATION FOR PROPERTY TAX REDUCTION

UTSVAD

To qualify for City of Milford tax reduction, the applicant(s) must meet the following requirements:

- A. At least one owner must be 65 years of age or older.
- B. Owner or owners must legally reside at the above address for which a tax deduction is being requested and has done so for at least one (1) year prior to October 1st of this year.
- C. The yearly income from all sources including capital gains, pensions and annuities received during the last calendar year did not exceed \$15,000.00 for an individual or 25,500.00 combined income for joint ownership by husband and wife, ***exclusive of Social Security and Railroad Pensions.***
- D. Attach a copy of resident's 1040 tax form. If not required to file a 1040, please check No_____
- E. **Gross income must be verified. *Please attach copies of any information to confirm your gross income.***

Name: _____ D.O.B.: _____ SSN (Last 4 Digits): _____
 Address: _____ Phone _____
 Gross Income: _____

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 Address: _____ Phone _____
 Gross Income: _____

I/WE HEREBY AFFIRM THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE: AND BELIEF AND FURTHER UNDERSTAND THAT A FALSE DECLARATION IN THIS APPLICATION WILL SUBJECT THE UNDERSIGNED TO THE PENALTIES PROVIDED BY LAW FOR PERJURY.

APPLICANT SIGNATURE DATE

APPLICANT SIGNATURE DATE

REV 2-2009

APPROVED _____ DENIED _____

AEABCD.