

**TOWN OF SMYRNA, DELAWARE
2020 APPLICATION
TAX EXEMPTION-CITIZENS AGE 65 AND OVER
Must be received by March 20, 2020**

TO: Tax Department

NAME _____ PHONE NO. _____

MAILING ADDRESS: _____

PROPERTY LOCATION: _____

APPLICANT'S DATE OF BIRTH _____ SPOUSE'S DATE OF BIRTH _____
(Copy of picture ID showing date of birth must be attached)

APPLICANT'S GROSS INCOME _____ SPOUSE'S GROSS INCOME _____
(MUST INCLUDE ALL INCOME EXCEPT VETERAN DISABILITY COMPENSATION, RAILROAD PENSION, AND SOCIAL SECURITY)

_____ **Copy** of **2019** IRS Form 1040 is attached, IF required to file. If you don't have a copy of 2019, you may use a copy of 2018.

_____ I hereby swear or affirm that I was not required to file a Federal IRS 1040 form for my/our **2019** Income.

The undersigned citizen of the Town of Smyrna makes application for \$30,000 exemption on the property assessment of the above real property and further states as follows:

1. He/she is legally domiciled within the Town of Smyrna, Delaware.
2. He/she is **65** or more years of age.
3. He/she is the owner of a dwelling house and has lived in said house, which is the property for which exemption is being claimed, consecutively for at least one year immediately preceding May 1, 2019.
4. The 2019 calendar year income from all sources (other than Social Security, Veterans Disability Compensation, and Railroad Pension) including capital gains, pension annuities and retirement did not exceed \$24,000 for an individual applicant or \$30,000 for applicants filing jointly and living in said dwelling.

I HEREBY SWEAR OR AFFIRM THAT THIS INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND FURTHER UNDERSTAND THAT A FALSE DECLARATION IN THIS APPLICATION WILL SUBJECT ME TO THE PENALTIES PROVIDED BY LAW FOR PERJURY.

_____ Date _____ Signature of Applicant

- - - - -DO NOT WRITE BELOW THIS LINE - - - - -

APPROVED _____ DISAPPROVED _____

_____ Date _____ Information Systems Manager