



Application for Tax Exemption for Citizen Over Age 65

To: Office of Assessor

Name: _____

Address: _____

Property Location: _____

Applicant's Birth Date: _____ Social Security Number: _____

Spouse's Birth Date: _____ Social Security Number: _____

Applicant's Gross Income: _____

Spouse's Gross Income: _____

The undersigned citizen of the Town of Clayton makes application for \$_____ exemption on the property assessment of the above real property and further states as follows:

1. That he/she is legally domiciled within the Town of Clayton, Delaware, and has been a resident of the Town of Clayton, Delaware, at least one (1) year immediately preceding May 1 of this year and the Applicant has been a State of Delaware resident for at least five (5) years immediately preceding the tax year for which the application is being made.
2. That he/she is of the age of 65 or more years.
3. That he/she is the owner of a dwelling house and lives therein which is a constituent part of the real property for which the exemption is claimed.
4. That he/she has obtained approval of exemption as disabled property owner and/or property owner 65 years of age or older from the Levy Court of Kent County and will provide such proof.
5. That his/her _____ **calendar year income from all sources** (other than Social Security and Railroad Pension) including capital gains, pension annuities, and retirement did not exceed \$16,000 for an individual applicant or \$22,000 for applicants filing jointly and living in said dwelling.
6. That he/she will submit his/her _____ calendar year income tax return.

7. That all financial obligations of the Town of Clayton are current.
8. Completed applications **must be returned** to the Town Office before 4:00 p.m. on April 15 of the current year. You **do not** have to appear in person before the Town Council.
9. The exemption historically granted is for the first \$18,000 on the property assessment where you reside.

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.

Signature of Applicant

Date

Signature of Spouse

Date



(Office Use Only)

Date Received: _____

Account Number: _____

Date Entered: _____

Initials _____