



Eddie Cook
Maricopa County Assessor

2020 SENIOR VALUATION PROTECTION INFORMATION AND APPLICATION

Purpose: To freeze application year **Limited Property Value** of a Primary Residence owned by seniors based on income, age and residency. For property located in Maricopa County only. It is important to note that this program **does not freeze your property TAXES, it freezes the taxable portion of your property VALUE.**

Application and supporting documentation deadline: September 1, 2020.

Applicants qualified by September 1st will be notified by December 1st of application year. Applications after September 1st will be processed for the following year.

Mail To: Maricopa County Assessor, Senior Valuation Protection, 301 W Jefferson St, Phoenix, Arizona 85003

Phone: 602-506-3406, by fax: 602-506-7620 or by email: PE.SVP@maricopa.gov

*****Important Requirements for Applicant*****

Please black out your Social Security numbers and account numbers to protect your identity.

In order to prevent delays in processing your application, please ensure the following documentation is included with your application: (Please do not use staples, tape or glue)

_____ 1. Applicant Proof of Age: **Minimum age of 65** for at least one owner on title.

- Driver's License *or*
- Birth Certificate *or*
- Passport

_____ 2. Applicant Proof of Primary Residence for 2 years (Note: This document must show your physical address *and* be at least 2 years old). Owner name must be on title of property.

- Driver's License *or*
- State Issued ID Card *or*
- Voter Registration

_____ 3. Documentation of ALL sources of Income, TAXABLE & NON-TAXABLE; for Owner & Co-Owners of the Property for 2017, 2018 & 2019. Income limits for the 2020 application year are \$37,584 for one owner, and \$46,980 for two or more property owners.

- Copies of your **SIGNED, FEDERAL 1040** tax returns and all applicable schedules *or*
- Social Security (Form SSA-1099 Statements)
- Interest / Dividends (Form 1099-R Statements)
- Wages / Salary / Tips (Form W2 Statements)
- Pension / Annuity / IRA / (Form 1099-R Statements; include any rollover documentation)
- Capital Gains / Rent & Royalties (Form 1099-B / 1099 Misc. Statements)
- Veteran's Benefits (Award Letter or bank statements reflecting deposit amount)
- Welfare Benefits (e.g., Alimony, Workman's Comp., etc.)

_____ 4. Applicant(s)' signatures on completed application.

Contacts to obtain copies of your income documentation

Social Security Administration 1-800-772-1213

Veteran's Administration 1-800-827-1000

Internal Revenue Service 1-800-906-9887 "Tax Return Transcripts" are required in lieu of Tax Returns.

If qualified, owners must renew every 3 years. Renewal applications will be sent 6 months prior to the deadline of September 1st of renewal year.



Eddie Cook
Maricopa County Assessor

2020 SENIOR VALUATION PROTECTION INFORMATION AND APPLICATION

Application Year: **2020** (Protection years **2021** through **2023**) Parcel Number: _____ - _____ - _____

Applicant Name: _____

Co-Owners: _____

Property Address: _____

Mailing Address (If different from site): _____

City/State/Zip: _____

Email/Phone Number: _____

Parcel ID of other parcels you own: _____

Please use the worksheet below to list yearly **gross income** (not Adjusted Gross Income) totals, including income that is not taxed. List income from **ALL sources** and from **ALL owners** for **past three years**. If you do not have income in a particular category, please list zero in that column. Please sign and mail your application as soon as possible. **The deadline for applications and supporting documents is September 1st**. The Assessor is required to respond to your application on or before December 1st. Per Arizona Constitution, Article 9, Section 18.7.

Income Type	2017 Year #1	2018 Year #2	2019 Year #3
Salaries, wages and tips earned	\$	\$	\$
Social Security benefits received (include Medicare)	\$	\$	\$
Pension, IRA, annuity income received	\$	\$	\$
Dividend and interest income received	\$	\$	\$
Rent and royalties received. (Schedule E)	\$	\$	\$
Capital Gains received. (Schedule D)	\$	\$	\$
Business and farm income received (Scheds C & F)	\$	\$	\$
Unemployment insurance payments received	\$	\$	\$
Workmen's compensation payments received	\$	\$	\$
Railroad and other retirement benefits received	\$	\$	\$
Veteran's benefits received	\$	\$	\$
Welfare payments received	\$	\$	\$
Other income earned or received:	\$	\$	\$
Total:	\$	\$	\$

Provide copies of your supporting documents with your application (PEASE DO NOT USE STAPLES):

- **Proof of Applicant's age, ownership, and residency**
- **Income statements, federal tax returns, and applicable schedules**

NOTE: *The Assessor is required to review income qualifications for this program on a triennial basis and must use the average total income during the previous three years for renewals. Please make sure you maintain the necessary records for this review and use the 3-year, renewal worksheet that will be mailed to you 6 months prior to your renewal date. For more information, please call 602-506-3406.*

Did owner(s) file federal tax return(s) for (please circle) 2017? (Yes / No) 2018? (Yes / No) 2019? (Yes / No)

Income from all gross taxable and non-taxable sources shall not exceed \$37,584 or one owner and combined income of \$46,980 for two or more owners in an income average of the past three years.

Under penalty of perjury, I hereby state that all of the income information is complete and true and is an accurate listing of all taxable and non-taxable income of the applicant and all co-owners.

Signature **Date** **Signature** **Date**