

PROPERTY TAX CREDIT APPLICATION FORM
SPOUSE OF FALLEN LAW ENFORCEMENT OFFICER OR RESCUE WORKER

SURVIVING SPOUSE NAME:

STREET ADDRESS:

CITY/STATE/ZIP:

FALLEN LAW ENFORCEMENT OFFICER/RESCUE WORKER NAME:

AGENCY/DEPARTMENT OF FALLEN OFFICER/RESCUE WORKER:

PROPERTY TAX ACCOUNT #:

To Receive the Tax Credit, the Following Information Must be Provided Annually by APRIL 1st.

1. Date of death of the fallen law enforcement officer or rescue worker:

2. Did the death occur as a result of, or in the course of, employment?

3. Has the surviving spouse of the fallen law enforcement officer or rescue worker remarried?

Please Indicate which of the Following is True and Provide All Applicable Information.

4. The property was owned by the fallen law enforcement officer or rescue worker at the time of the law enforcement officer's or rescue worker's death.

5. The fallen law enforcement officer or rescue worker or the surviving spouse was domiciled in the State as of the date of the fallen law enforcement officer's or rescue worker's death, and the property was acquired by the surviving spouse within two (2) years of the fallen law enforcement officer's or rescue worker's death.

6. The property was acquired after the surviving spouse qualified for the credit for a former property under item 4 or 5 above. (Credit limited to the extent of the credit at the former property).

If you answered TRUE to question 6, please provide property tax account number of former property.

7. The property is the legal residence of the surviving spouse.

8. The property is occupied by more than two families.

The Following Information Must be Provided with the First Application Only

Copy Attached of Marriage Certificate

Copy Attached of Deed (first page only) Showing both Spouses' Names

Copy Attached of Death Certificate

Copy Attached of Verification of Employment from State or Municipality that Employed the Deceased

I hereby certify under oath and affirmation, subject to the penalties provided by law, that the information and responses in this application are true and correct to the best of my knowledge, information and belief.

SIGNATURE OF SURVIVING SPOUSE

Application Date

FOR OFFICE OF FINANCE USE ONLY

A. COUNTY PROPERTY TAXES:

TAX ACCOUNT NUMBER:

B. COUNTY PROPERTY TAXES - FORMER PROPERTY TAX ACCOUNT (per item 6 above):

C. PROPERTY TAX CREDIT AMOUNT (Equals the lesser of A or B):