

STATE OF NEW MEXICO - 2011 TAX YEAR

**Application Form
Revised 2010**

**APPLICATION-LIMITATION ON
INCREASE IN VALUE FOR SINGLE
FAMILY DWELLINGS OCCUPIED BY
LOW INCOME OWNERS 65 YEARS OF
AGE OR OLDER OR DISABLED**

**Pursuant to 7-36-21.3 NMSA 2000
as Amended in 2008**

**INSTRUCTIONS ON REVERSE SIDE
PLEASE READ CAREFULLY**

County Name	County Assessor's Phone Number	Tax Year
Applicant's First Name	Middle Initial	Last Name
Present Mailing Address (Number & Street, P. O. Box or Rural Route)		
City & State	Zip Code	Phone Number
Driver's License or Personal ID Certificate (Number & State)		Date of Birth

Part I	Physical Address / Legal Description of Property	Uniform Property Code (UPC):

A. Is the property the applicant's primary residence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
B. Is the property occupied by the applicant and is he or she the current owner?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
C. Will the applicant be age 65 or over during the current tax year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
D. Is the applicant disabled?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Part II	Enter "Modified Gross Income", all income received by the applicant, applicant's spouse and dependants. Please see section 7-2-2 (L) of the Income Tax Act.	(Round to nearest whole dollar amount.) Gross Annual Income
	1. Compensation;	1 .00
	2. Net profit derived from business;	2 .00
	3. Gains derived from dealings in property;	3 .00
	4. Interest;	4 .00
	5. Net rents;	5 .00
	6. Royalties	6 .00
	7. Dividends;	7 .00
	8. Alimony and separate maintenance payments;	8 .00
	9. Annuities;	9 .00
	10. Income from life insurance and endowment contracts;	10 .00
	11. Pensions;	11 .00
	12. Discharge of indebtedness;	12 .00
	13. Distributive share of partnership;	13 .00
	14. Income in respect of a decedent;	14 .00
	15. Income from an interest in an estate or trust;	15 .00
	16. Social Security benefits;	16 .00
	17. Unemployment compensation;	17 .00
	18. Workers' compensation benefits;	18 .00
	19. Public assistance and welfare benefits;	19 .00
	20. Cost-of living allowances; and	20 .00
	21. Gifts;	21 .00
	Total Modified Gross Income (Add lines 1 thru 21.)	.00

Part III	VALUATION LIMITATION - (To be completed by the County Assessor)	Qualifies <input type="checkbox"/>	Does not qualify <input type="checkbox"/>
The records of _____ County indicate the property value is \$ _____ as reflected on the _____ (Date) Notice of Value.			
Valuation Limitation Authorized by: _____ Date: _____			

Part IV	<p>CERTIFICATION BY PROPERTY OWNER - (To be signed by Applicant)</p> <p>I certify that I am the legal owner of this property, I am living on this property and the income and age statements made are true and accurate. I understand that false statements made intentionally on this application may be penalized as provided for in 7-38-92 and 7-38-93 of the Property Tax Code.</p> <p>Amended income tax returns shall be reported within 30 days of filing.</p> <p>Applicant Signature: _____ Date: _____</p>
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