

2019 PERSONAL INFORMATION & APPLICATION



PROPERTY EXEMPTIONS A.R.S. 42-11111

Who Is Entitled To An Exemption? Some widows, widowers, and totally disabled persons AGE 17 or over may be eligible.



If Qualified, How Does One Benefit?

The assessed value of the property may be reduced by \$3,965 or more with a corresponding reduction in tax. Legislative changes, effective August 2005, have indexed the amount to the GDP indicator. Contact our office at 602-506-3406 after January 1st of each year for the actual amount.

Is The Exemption For My House Only?

No. The exemption is applied to the real estate first, then to a mobile home or an automobile.

What Are The Qualifications?

You must be a resident of Arizona.

Total assessed valuation in Arizona must not exceed \$26,969 for the 2019 tax year. This amount is indexed and changes each year. Contact our office at 602-506-3406 after January 1st of each year for the actual amount.

Total income from all sources, excluding social security, cannot exceed \$33,037**.

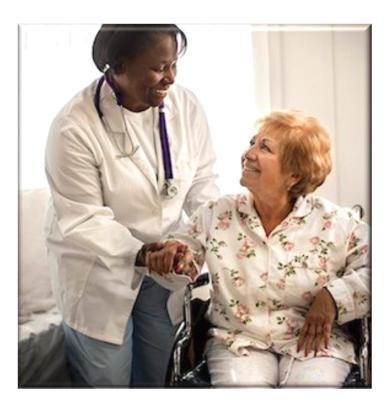
If children under 18 years of age or disabled children reside in the household, income cannot exceed \$39,634**.

Disability must be total and permanent and certified by a licensed physician on form DOR82514B.

**Note: Effective August 2005, income amounts are indexed to the GDP. Contact our office after January 1st in successive years for the current income level.

Call 602-506-3406 for property information...or visit our website: www.mcassessor.maricopa.gov

Documents Required With Exemption Application:



Disabled Person:

Medical certification from a licensed physician on form ADOR82514B.

Widows and Widowers:

Copy of spouse's Death Certificate.

Note: Applicant and spouse must have been Arizona residents at time of Spouse's death, or applicant must have been a widow/widower residing in Arizona prior to 1/1/69.

Widows, Widowers and **Disabled Persons:**

Copy of DEED(s) to all properties and/or TITLE(s) to Mobile Home owned.

Copy of the prior year's tax bill or valuation notice. Proof of Arizona adjusted gross income for previous year (Copy of AZ Income Tax return and all schedules) and any untaxed capital gains, pension or retirement benefits, **excluding** Social Security and/or Veterans for previous year disability payments.

When and Where Do I apply?

You must file your application in person at your County Assessor's Office between **JANUARY 1, 2019** and MARCH 1, 2019.

For Information Call (602) 506-3406

You may file for an exemption at any of the Assessor's Offices listed below:

Downtown Phoenix

301 W Jefferson 3rd Ave & Jefferson Suite 120

By Appointment Only → Southeast Mesa Complex

222 E Javelina Ave #2300 Mesa, AZ 602-372-3731

13815 W Camino Del Sol 623-584-4288

P.O.R.A. (SCWest) ← By Appointment Only →

Sun City CAN 10195 W Coggins Dr 623-933-7530 Option 6



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Exemption type (Circle): Widow Widower Disabled (Disabled requires permanent disability form, ADOR 82514B, signed by doctor)

This application must be completed, and filed in person with the Assessor before March 1st.

If the 2019 eligibility is granted, qualified applicant will not be required to file an annual application **unless** the property

Name:									
Address:									
City/State/Zip:_									
		d all prop	erties you o	own i		the county in		_ it is located	
	Indicate if					ed or leased to		(R) or (L).	
Parcel No:	Deed Owne	ership %	County MARICOPA	R/L	Parcel No:	Deed Ownersh	nip %	County	R/L
Counties where you own property: Year you became legal AZ resident: Spouse's name: Number of persons in household: Relationship: If widow(er) Death Certificate date: Certificate #:									
Per ARS 42-111	11 State of A	RIZONA, I	Maricopa Cou	nty					
together with the the statutory lim That there are in	e income of a nit of: \$33,03 medically or p ome from al l endar year, d	all sources 7	of all childrend of all	n resid dren, d n the i	or children unden ncome from all mit of: \$39,634		ndar ye with me	ear, did not ex e in my reside	cceed ence;
By signing be	low, I decla	re under	penalty of	perju	ry that this c	laim for tax exemplete, to the			
I also declare th						nd notify the Assoproperty) that dis			
				S	Subscribed and sworn before me:				
X				-	Deputy Assesso	<u></u>			
Date:				Date:					
Pursuant to	A.R.S. 42-1	.1152, th	e Assessor ı	nay r	equire additio	nal proof of the	e facts	stated abov	e.
Assessor use only:					Joint Exer	mption			
Exemption #:			Date Rec'd:_			First Yr applied:	Last	Yr applied:	