



AFFIDAVIT OF PERSON, 65 YEARS OF AGE OR MORE, REQUESTING DEDUCTION FROM ASSESSED VALUATION

State Form 43708 (R8 / 7-07)
Prescribed by the Department of Local Government Finance

| COUNTY | TOWNSHIP | YEAR |
|--------|----------|------|
| | | |

File Mark

Information contained in this document is CONFIDENTIAL pursuant to IC 6-1.1-12-9 and IC 6-1.1-35-9.

INSTRUCTIONS:

To be filed in person or by mail with the County Auditor of the county where the property is located.

Filing Dates: 1) Real Property: During the twelve (12) months before June 11 of the year the deduction is to be effective.

2) Mobile Homes assessed under IC 6-1.1-7 or manufactured homes not assessed as real estate: During the twelve (12) months before March 31 of the year the deduction is to be effective.

See reverse side for additional instructions and qualifications.

| | | | |
|---|--|--|---|
| Name of applicant (<i>owner or contract buyer</i>) | | | |
| Is applicant the sole legal or equitable owner? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If No, what is his/her exact share or interest? | If owned with someone other than spouse, indicate with whom |
| If name on record is different than that of applicant, indicate below | | | |
| Name of contract seller (<i>applicant must have been buying on contract at least one (1) year</i>) | | | |
| Address of contract seller (<i>number and street, city, state, and ZIP code</i>) | | Is the property in question: <input type="checkbox"/> Real property <input type="checkbox"/> Mobile home (<i>IC 6-1-1-7</i>) | |
| Taxing district | Key number / Legal description | Record number | Page number |
| Is the property used and occupied primarily for his/her residence? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Assessed value of the property as of March 1, current year (<i>may not exceed \$182,430</i>) | |
| Was the applicant 65 years of age or more on December 31 of the year prior to the current year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Does the combined annual adjusted gross income of the applicant and any individuals sharing ownership exceed \$25,000? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Applicant's date of birth (<i>month, day, year</i>) | If filed by a surviving, unmarried spouse, what was the spouse's age at the time of death? | Source of Income | Amount of Income |
| | | | \$ |
| | | | \$ |
| | | TOTAL | \$ |
| Have you filed for any other deductions? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, what deductions? | |
| Have you filed for deductions in any other county? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If Yes, what county? | |
| I/We certify under penalty of perjury that the above and foregoing information is true and correct and that the applicant was a resident of Indiana and owner of the aforementioned property on March 1, 20 ____. | | | |
| Signature of applicant | | Address of applicant (<i>number and street, city, state, and ZIP code</i>) | |
| Signature of authorized representative | | Address of authorized representative (<i>number and street, city, state, and ZIP code</i>) | |

RECEIPT FOR AFFIDAVIT FOR DEDUCTION OF PERSON 65 YEARS OF AGE OR OVER

| | |
|--------------------------------|---|
| Name of applicant | Date filed (<i>month, day, year</i>) |
| Name of contract seller | |
| Taxing district | |
| Key number / Legal description | |
| Signature of County Auditor | Date signed (<i>month, day, year</i>) |

INSTRUCTIONS AND QUALIFICATIONS

- *Applicants must be residents of the State of Indiana.*
 - *Applications must be filed during the periods specified. Once the application is in effect, no other filing is necessary unless there is a change in the status of the property of applicant that would affect the deduction.*
 - *This application may be filed in person or by mail. If mailed, the mailing must be postmarked before the last day of filing.*
 - *Any person who willfully makes a false statement of the facts in applying for this deduction is guilty of the crime of perjury and on the conviction thereof will be punished in the manner provided by law.*
 - *The deduction equals \$12,480 if all tenants are at least 65 years of age on the December 31 prior to filing. If all tenants' ages were not at least 65 years, the deduction is reduced by an amount equal to \$12,480 multiplied by a fraction. The numerator is the number of tenants who are not 65 years of age and the denominator is the total number of tenants.*
 - *Applicant and individuals who share ownership must reside on the premises. Living in a nursing home or hospital will not prevent a person from receiving this deduction.*
 - *Applicant may be a surviving, unremarried spouse at least 60 years of age on or before December 31 of the year preceding the year in which the deduction is claimed providing the spouse was at least 65 years of age at the time of death.*
 - *Applicant must have a total adjusted gross income, when combined with that of his or her spouse and any individual with whom he or she shares ownership, of \$25,000 or less in the prior year.*
 - *Applicant may receive no other property deductions other than Mortgage Deduction and Standard Deduction.*
 - *Applicant was the owner or contract buyer of the property for at least one year prior to claiming the deduction.*
 - *Assessed value of the property is \$182,430 or less.*
-