APPLICATION FOR PROPERTY TAX REDUCTION FOR 2025

A	LL OF THE FOLLOWING QUESTIONS MUST BE	COMPLETED. ATTACH SUPPORTING DOCUMENTS.
	de Area Parcel Numb	
Section A. 1. Ownership Information (Name, address and ZIP code)		Section B. Eligibility Status As of January 1, 2025, I was (check all that apply) 65 or older Blind Former P.O.W. Fatherless or Motherless Minor Widow(er): Spouse Name Date of Death Disabled (recognizing entity): Social Security Administration Railroad Retirement Board Federal Civil Service Public Employee Retirement System, not covered by above agencies Veteran 10-30% Service-Connected Disability Veteran 40-100% Service-Connected Disability Veteran Nonservice-Connected Disability with pension
Social Security Number (Claimant)	Social Security Number (Spouse)	Section C: Income Household Income and Qualified Expenses
3. Birth Date (Claimant)	Birth Date (Spouse)	January 1 - December 31, 2024 Subsection 1 1. Federal adjusted gross income
4. As of January 1, 2025, you were:		Extension filed Yes No
☐ Single ☐ Married ☐ Widow(er)/Not remarried		Subscation 2
Single		Subsection 2 Include gross income from all sources not included in Subsection 1 (taxable and nontaxable)
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6. Did you receive a Property Tax Reduction in 2024?		2. Social Security income/SSI (Claimant)\$
500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		3. Social Security income/SSI (Spouse)\$
7. Have you filed a claim on a different primary residence between January 1, 2025 and now? Yes No Where?		Capital gains (max allowable deduction \$3,000) \$ Wages, workers' compensation, and/or
8. Did you occupy your home as your primary residence before April 15, 2025?		unemployment\$\$ 6. Pensions, retirements, annuities, and/or IRAs \$
		7. VA pension or compensation\$
Yes No		8. Interest and dividends\$
10. Did you receive rental income for all or any part of this property in 2024?		9. Railroad retirement
If yes, please attach a copy of your rental agreement.		100 100 100 100 100 100 100 100 100 100
☐ Yes ☐ No		10. Other income (Received from) \$
11. If you used any part of this property for business or commercial use in 2024, list the percent used for business or commercial use (See instructions.) %.		11. Subtotal (add lines 1 through 10)
12. Did you sell real estate, stocks, or other capital assets in 2024?		13. Total of nonreimbursed, paid medical expenses
13. This year, you or your spouse will file: (Check all that apply.) Federal Income Tax Return (Attach a copy of this return.) (If your tax		and medical insurance premiums\$ () 14. Total of paid or prepaid funeral expenses
		(Attach receipt - maximum allowable amount: \$5,000.) \$ ()
information is incomplete, please contact your county assessor for instruc- tions on completing this form.)		15. Subtotal of deductions (Add lines 12, 13, and 14) \$
State income tax return (List state, if other than Idaho:		16. Total net income (Subtract line 15 from line 11) \$
☐ Idaho grocery credit form		If you would like information about property tax deferral for any remaining taxes, ask your assessor or contact the State Tax
14.	Claimant Spouse	Commission for a brochure explaining this program.
I certify that my Social Security number and birthdate are correct.		FOR COUNTY USE ONLY
United States, OR I certify that I am in the United States legally.		Check all that apply:
Under penalty of perjury, I certify that to the best of my knowledge		☐ Single family ☐ Sole owner
the information I have provided here is true, correct, and complete.		
I grant permission to any government agency and contractor to con-		☐ Multi dwelling% ☐ Community property
firm my status and to reveal to the Idaho State Tax Commission the		☐ Multi use% ☐ Partial ownership%
total monetary payments made to me or my spouse during 2024.		☐ Trust or life estate
(Check one) ☐ Yes ☐ No		☐ LP, LLC, or Corp.
(5.143.141.5)		Overall claimant percentage of ownership/use% I, certify that Property Tax
		County Assessor or Deputy Assessor
Claimant(s) (Flease print.)		Reduction benefits are only applied to the claimant's eligible portion of the net taxable value.
		Tax reduction not to exceed: Date
		2.000)
Signature(s) and Relationship	Telephone Number	