

**KENT COUNTY BOARD OF ASSESSMENT
ELDERLY/DISABILITY TAX EXEMPTION APPLICATION**

Persons 65 years of age and older by May 31st and / or persons totally (100%) disabled, and able to document said total disability, may qualify to receive partial relief from both county government and school taxes.

Listed below are additional requirements which must be met to qualify:

- A. The applicant must have been a resident of the State of Delaware for the 5 years immediately preceding the tax year for which an exemption is sought. This requirement is waived for veterans who are 100% disabled as a result of their military service. (The tax year begins June 1st.)
- B. Title to the property for which the exemption is sought must be in the name of the applicant, or the applicant and the applicant's spouse, or a revocable grantor trust, as reflected in the official records of the County.
- C. The applicant(s) must have resided in the property as their principal place of residence for the one year immediately preceding the tax year for which an exemption is sought. This requirement is waived for veterans who are 100% disabled as a result of their military service.
- D. Total adjusted gross annual income of a single applicant shall not exceed \$11,550. Combined total adjusted gross annual income of the applicant and spouse residing together in the same residence shall not exceed \$20,000.
- E. Application and subsequent verification forms must be received, completed, by the Board of Assessment, 555 Bay Road, Dover, DE 19901 no later than April 15th prior to the tax year for which the exemption is sought.

Social Security, Railroad Retirement Tier and income directly related to a disability are excluded from adjusted gross income.

Refer questions to the Board of Assessment, 744-2401 Monday through Friday, 8:30 AM through 4:30 PM.

KENT COUNTY BOARD OF ASSESSMENT

ELDERLY/DISABILITY TAX EXEMPTION APPLICATION

This application is for Tax Year _____ (June 1 thru May 31) and **must be completed and returned to the Board of Assessment by April 15th prior to the beginning of the tax year applied for. This application must be completed in full.**

Applicant's Full Name and Address: _____

Applicant's Social Security Number: _____ - _____ - _____ Phone: _____

Applicant's Date of Birth: _____

Spouse's Full Name and Address: _____

Spouse's Social Security Number: _____ - _____ - _____ Phone: _____

Spouse's Date of Birth: _____

Property Identification No. (tax map no.) ____ - ____ - ____ - ____ - ____ - ____ / ____

Applicant(s) must have occupied and owned residential property in Kent County since June 1st, of the preceding tax year as per County Records. YES NO (Circle one)

Applicant(s) must provide copy of latest filed IRS 1040. YES NO (Circle one)

Applicant must be a Delaware resident for at least 5 years. YES NO (Circle one)

If applying for "Disability", please have the Physician's Certificate on the reverse side completed.

Do not include Social Security Income!

Income Statement	Applicant	Spouse	Total
U. S. Civil Service			
Military Retirement			
Welfare			
Other Retirement (State, Local, Etc.)			
Total Wages -- All			
Total Interest & Dividends			
All Other Annual Income			
Rental Income or sale of Property			
Total			

I/We swear or affirm that this information is true and correct to the best of my knowledge and belief and further understand that a false declaration in this application will subject me to the penalties provided by law for perjury.

Applicant: _____ Date: _____

Spouse/Owner: _____ Date: _____

You will be notified if your application is denied. Failure to complete and return this application by April 15, prior to the beginning of the tax year applied for, will cause your name to be removed from exemption entitlement.

Do Not Write in this Box	
Approved _____	Appeal Date: _____
	Approved: Yes _____ No _____
Denied _____	By: _____

I wish to receive electronic receipt confirmation from the Board of Assessment of this applicaton.

Email address: _____