BLIND EXEMPTION APPLICATION

APPLICANT INFORMATION
Name: _____ **DOB:** _____

Address: _____
City: _____ **State:** ____ **ZIP:** _____

Phone: _____ **Email:** _____

Marital Status: ☐ Single ☐ Married

EXEMPTION REQUESTED
☐ State Blind Exemption ☐ Local Blind Exemption (Additional)

INCOME INFORMATION
Total Annual Household Income: $ _____

ELIGIBILITY GUIDELINES

State Blind Exemption – ☐ Eligible regardless of income

Local Blind Exemption (Income-Based)
Single: ☐ Eligible ≤ $12,000 ☐ Ineligible > $12,001
Married: ☐ Eligible ≤ $14,000 ☐ Ineligible > $14,001

Applicants exceeding income limits remain eligible for the State Blind Exemption only.

CERTIFICATION
I certify the information provided is true and correct. I understand misrepresentation may result in denial or revocation of the local exemption.

Applicant Signature: _____ **Date:** _____

ASSESSOR USE ONLY
State Exemption: ☐ Approved ☐ Denied **Local Exemption:** ☐ Approved ☐ Denied

Reason for Denial: _____

Assessor Name: _____ **Signature:** _____
Date: _____