

INFORMATION FOR ASSESSMENT FREEZE FOR ELDERLY AND DISABLED

1. Personal Information

Last Name _____ First Name _____ Social Security Number _____

Mailing Address _____ County _____ Telephone _____

City _____ State _____ Zip Code _____ (month) _____ (day) _____ (year) _____
 Birth Date _____

2. Income Calculation – Attach a copy of your completed 2008 Federal Income Tax Return

Federal Adjusted Gross Income	\$ _____	Excluded interest not yet listed	\$ _____
Wages, salaries, tips, other employee compensation	\$ _____	Alimony payments not yet listed	\$ _____
Interest	\$ _____		
Dividends	\$ _____	Support Payments	\$ _____
Self-employment (explain)	\$ _____	Cash Public Asst. & Relief	\$ _____
Social Security (attach a copy of Each household member SSA-1099)	\$ _____	Capitol Gains exc From adj. gross income	\$ _____
Medicare premiums	\$ _____	Workers Comp	\$ _____
Title 19, 20 or SSI	\$ _____	Loss of time insurance	\$ _____
Veterans Disability Pensions	\$ _____	Interest & dividend Left to accum. except on insurance policies	\$ _____
Railroad retirement benefits	\$ _____	Foster Care Income	\$ _____
IRA Disbursements	\$ _____	Life Insurance Proceeds that exceeds \$20,000	\$ _____
Gift or Inheritance that exceeds \$500	\$ _____	Other Income	\$ _____
Gross Amount of any Pensions and annuities	\$ _____	TOTAL INCOME	\$ _____