

SENIOR VALUE PROTECTION OPTION APPLICATION

Owner Name and Address:	Legal Description: (May be incomplete)
Date Account Number: Parcel Number:	Property Address:

Application Period: January 1 through September 1

APPLICANT: Complete the form and copy for your records before submitting it to the County Assessor where your primary residence is located.

Primary residence address if different than Property Address above: _____

Arizona voters approved Proposition 104 in the November 2000 General Election amending the Arizona Constitution. The amendment provides for the 'freezing' of the valuation of homes owned by **qualified** property owners at the Full Cash Value. In 2012 the Arizona voters approved Proposition 117, again amending the Constitution. According to Proposition 117, beginning in 2015 going forward, values of properties owned by **qualified** owners will be frozen at the **Limited Property Value**. Property owners must meet the following requirements to qualify for the 'freeze':

1. At least one of the owners must be 65 years of age at the time the application is filed.
2. The property must be the primary residence for the taxpayer. For the purpose of this application, 'Primary Residence' is defined as the residence which is occupied by the taxpayer for an aggregate of nine (9) months of the calendar year.
3. The owner must have resided in the primary residence for at least two (2) years prior to applying for the option.
4. The owner's total income from all sources, including non-taxable, cannot exceed the amount specified by law. **INCOME INFORMATION:** Please provide tax return/income documentation for ALL OWNERS from all sources, taxable and non-taxable, for the previous three calendar years.

If the owner meets all the above requirements and the County Assessor approves the application, the valuation of the primary residence will remain fixed for a three (3) year period. To remain eligible the owner is required to renew the option every three (3) years.

Please be aware that while the VALUATION will remain frozen as long as the owner remains eligible, TAXES for the primary residence will NOT be frozen and will continue to be levied at the same rate as all other properties in the taxing district.

I HAVE READ THE ABOVE AND HEREBY AFFIRM THAT THE INFORMATION INCLUDED OR ATTACHED IS TRUE AND CORRECT.

Property owner signature: _____

Phone number: _____ Date: _____

Email address: _____