

**SUPPLEMENTAL INCOME STATEMENT FOR USE BY THE ASSESSOR OR
COLLECTOR IN DETERMINING ELIGIBILITY FOR THE SENIOR CITIZEN,
DISABLED OR SURVIVING SPOUSE DEDUCTION**

NAME	ADDRESS
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THE UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT OF INCOME TO
AID IN THE DETERMINATION OF ELIGIBILITY FOR A SENIOR CITIZEN, DISABLED
OR SURVIVING SPOUSE DEDUCTION WITH RESPECT TO PREMISES LOCATED AT:

BLOCK: _____ LOT: _____

INCOME FOR THE CALENDAR YEAR _____
(INCLUDING SPOUSE'S INCOME)

- | | | | |
|----|--|----|-------|
| 1. | PENSION OR RETIREMENT (<u>PRIVATE</u>)
(DO NOT INCLUDE ANY GOVERNMENT PENSIONS
ON THIS LINE) | \$ | _____ |
| 2. | SALARIES OR WAGES | \$ | _____ |
| 3. | INTEREST AND DIVIDENDS | \$ | _____ |
| 4. | NET RENTS OR ROYALTIES | \$ | _____ |
| 5. | CAPITAL GAINS | \$ | _____ |
| 6. | OTHER INCOME | \$ | _____ |
| 7. | SOCIAL SECURITY BENEFITS:
HUSBAND _____
WIFE _____ | \$ | _____ |
| 8. | STATE OR FEDERAL PENSION, DISABILITY
BENEFITS:
HUSBAND _____
WIFE _____
_____ | \$ | _____ |
| 9. | RAILROAD RETIREMENT PENSION:
HUSBAND _____
WIFE _____ | \$ | _____ |
| | ANNUAL GROSS INCOME
(Sum of 1 to 9 inclusive): | \$ | _____ |

NOTE: The appropriate official will determine which of the above items are to be excluded.

Applicants Signature