



FT-313



BUNCOMBE COUNTY PROPERTY ASSESSMENT

182 College Street Asheville NC 28801



FORM 313 - ELDERLY APPLICATION FOR PROPERTY TAX RELIEF PERSONAL PROPERTY

MAILING DATE				You may submit additional information separately if needed.	
NAME OF APPLICANT			SECOND OWNER		
DATE OF BIRTH				DATE OF BIRTH	
SOCIAL SECURITY#				SOCIAL SECURITY#	
OWNER ID#				EMAIL	
RESIDENCE ADDRESS:					
MAILING ADDRESS: <i>(if different, Street or P.O. Box)</i>					
HOME PHONE		CELL PHONE		WORK PHONE	
GENERAL INFORMATION					
Please answer the following questions:					
Is this property your permanent residence? <i>If no, please list below.</i>					YES
Does your spouse (if applicable) live with you in the residence?					NO
Are you or your spouse currently residing in a health care facility?					
Do you and or spouse (if applicable) own 100% interest in the property? <i>If no, please list below.</i>					
Please list secondary address below, if applicable.					
Please list all other owners of your residence below.					
1.		3.			
2.		4.			
Please complete the income information on the back of this form, attach the required proof of income and return to the County Property Assessor's Office within 30 days. Applications returned without income information will be denied.					

INCOME INFORMATION		<i>Failure to return proof of income may result in the removal of the previously granted exemption or exclusion.</i>	
Provide <u>copies</u> of all income listed below for the previous calendar year. If you file an Income Tax Return attach a signed copy of the first and second page. If you do not file a tax return, you must attach copies of the income that you received below (W-2, SSA- 1099, 1099-R 1099-INT, 1099-DIV and financial institution statements, etc).			
Wages, Salaries, Tips, <i>etc.</i>		\$	
Interest (<i>Taxable and Tax Exempt</i>)		\$	
Dividends		\$	
Capital Gains		\$	
IRA Distributions		\$	
Pensions and Annuities		\$	
Disability Payments (<i>not included in Pensions and Annuities</i>)		\$	
Social Security (<i>Taxable and Exempt</i>). SSA-1099		\$	
All other moneys received		\$	
TOTAL		\$	
AFFIRMATION AND SIGNATURE – Under penalties prescribed by law, I hereby affirm that all information furnished by me in connection with this application is true and complete.			
Applicant Signature			
			Date
Printed Name			
Spouse Signature			
			Date
Printed Name			
OPTIONAL: Please provide name, address and phone number for an emergency contact:			
NAME/ADDRESS			
PHONE NUMBER		RELATIONSHIP	
OTHER TAX RELIEF PROGRAMS are available. For more information please visit BuncombeCounty.org/TaxAssessment			
The County of Buncombe does not discriminate on the basis of race, color, religion, sex, age, national origin, handicap or disability in admission or access to, or treatment or employment, in its services, programs, and activities, in compliance with applicable Federal and State laws.			