

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

NAME

ADDRESS

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> )<br>(DO <u>NOT</u> INCLUDE ANY GOVERNMENT PENSIONS<br>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:<br>HUSBAND _____<br>WIFE       _____  | \$ _____ |
| 8. | STATE OR FEDERAL PENSION, DISABILITY<br>BENEFITS:<br>HUSBAND _____<br>_____<br>WIFE       _____<br>_____    | \$ _____ |
| 9. | RAILROAD RETIREMENT PENSION:<br>HUSBAND _____<br>WIFE       _____   | \$ _____ |
|    | ANNUAL GROSS INCOME<br>(Sum of 1 to 9 inclusive):   | \$ _____ |

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

\_\_\_\_\_  
Applicants Signature