

# AFFIDAVIT OF INDIVIDUAL TAX EXEMPTION

SEE REVERSE FOR INSTRUCTIONS

(VETERANS PLEASE USE FORM 82514V)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PART II. DISABLED NON-VETERANS

(Totally and Permanently)

Spouse's Name \_\_\_\_\_

Date of Medical Certificate \_\_\_\_\_

None of my children under 18 years of age resided with me during the previous calendar year. The total income from all sources, including myself, my spouse, and any of my children 18 years of age or more who resided with me, did not exceed \$39,865 during the previous calendar year.

At least one of my children, who is under 18 years of age or who was totally and permanently disabled, resided with me during the previous calendar year. The total income from all sources, including myself, my spouse, and any other of my children residing with me, did not exceed \$47,826 during the previous calendar year.

## PART I. WIDOWS AND WIDOWERS

None of my children under 18 years of age resided with me during the previous calendar year. The total income from all sources, including myself, my spouse, and any of my children 18 years of age or more who resided with me, did not exceed \$39,865 during the previous calendar year.

At least one of my children, who is under 18 years of age or who was totally and permanently disabled, resided with me, during the previous calendar year. The total income from all sources, including myself, my spouse and any other of my children residing with me, did not exceed \$47,826 during the previous calendar year.

Spouse's Name \_\_\_\_\_

Date of Death \_\_\_\_\_

Have you remarried? Yes No

City and State of Death \_\_\_\_\_

Death Certificate Number \_\_\_\_\_

Recording Date \_\_\_\_\_

Were you divorced from the deceased at the time of death?

Yes No

## PART III. ALL APPLICANTS MUST COMPLETE

1. Are you now a legal resident of this state? Yes No

2. When did you first become a resident of this state?

\_\_\_\_\_

3. Where in the state did you first establish residence?

City/Town \_\_\_\_\_

County \_\_\_\_\_

4. Do you own property in this county? Yes No

5. Do you own property in another Arizona County?

Yes No

If yes, in which county: \_\_\_\_\_

6. Is part of the property you own an Arizona business?

Yes No

If yes, provide Business Name and Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Are you claiming your exemptions in any other county?

Yes No

If yes, in which county: \_\_\_\_\_

PROPERTY LIST	OWNED %	FULL CASH VALUE	LIMITED VALUE	ASSD %	ASSESSED VALUE	EXEMPT AMOUNT

I HEREBY CERTIFY THAT I HAVE READ ALL OF THE FOREGOING BEFORE SUBSCRIBING MY NAME HERETO, THAT THE MATTERS HEREIN STATED ARE ALL TRUE TO THE BEST OF MY KNOWLEDGE, AND THAT MY PROPERTY'S TOTAL ASSESSED VALUE IN ARIZONA DOES NOT EXCEED **\$36,454**.

X \_\_\_\_\_  
PROPERTY OWNER

EMAIL ADDRESS

DATE

X \_\_\_\_\_  
DEPUTY ASSESSOR

DATE

**INSTRUCTIONS for completing the ADOR 82514 AFFIDAVIT  
for INDIVIDUAL PROPERTY TAX EXEMPTION  
(VETERANS PLEASE USE FORM 82514V)**

**Read the information below, the instructions for the ADOR 82514 affidavit (following), and the information on the ADOR 82514 carefully before completing the ADOR 82514 affidavit form.**

**A:** A person who is initially applying for the property tax exemption allowed by A.R.S. § 42-11111 must complete and submit this form to the County Assessor. Upon approval by the County Assessor, the person is not required to file an affidavit in subsequent years under A.R.S. § 42-11152.

**Note: Some Assessors may still require the filing of an annual affidavit in order to monitor continued exemption eligibility. Please contact your local County Assessor to verify requirements.**

**B:** If not required by the County Assessor to file an annual affidavit, pursuant to A.R.S. § 42-11111(H), the applicant (or the applicant's representative) shall annually calculate total household income from the previous Tax Year to ensure that the widow, widower, or disabled person still qualifies for the tax exemption. The applicant (or the applicant's representative) is also required by law to notify the County Assessor, in writing, of any event that disqualifies the widow, widower, or disabled person from further property tax exemption. Disqualifying events include the applicant's death, the remarriage of a widow or widower, the applicant's or household's total income exceeding the limits prescribed by law, or the conveyance of the property to another owner. Other disqualifying events may also apply. The applicant's property becomes subject to taxation from the date of disqualification, including interest, penalties, and (the cost of) proceedings for tax delinquencies.

**C:** The specified total household income limits, assessed valuation limits, and tax exemption amounts are adjusted annually for inflation by the Department pursuant to A.R.S. § 42-11111(F). The increased limitations become the next Tax Year's limits, in accordance with A.R.S. § 42-11111 (E), (F), and (H).

**INSTRUCTIONS for ALL APPLICANTS:**

- In the box labeled OWNED %, please enter the ownership interest in the subject property of the qualifying applicant.
- On an initial affidavit form, list all taxable property the applicant owns. Attach additional identifying or descriptive information, if necessary. If subsequent year affidavits are required by the Assessor, correct any of the preprinted information listed on the ADOR 82514 by crossing out any real or personal property that the applicant no longer owns, and by adding any property the applicant now owns not shown on the list.
- If an initial affidavit is being submitted (i.e., the applicant is filing for the first time), a copy of the applicant's most recent State Income Tax Return **MUST** accompany the filed ADOR 82514 affidavit for the County Assessor's use in determining the applicant's initial eligibility. If not filing a State Income Tax Return, contact the County Assessor for alternative required documentation of proof of income.
- Pursuant to A.R.S. § 42-11152, the County Assessor may require additional proof of the facts stated on the affidavit by the applicant before approving an exemption. A false statement that is made or sworn to in the affidavit constitutes perjury.
- Sign the completed affidavit. Be sure that the copy of the affidavit form that is filed with the County Assessor has the applicant's signature on it. For information on the availability of electronic filing, please contact your County Assessor for filing instructions. If the affidavit is **hand-delivered**, file the ADOR 82514 with the County Assessor's Office **no later than the last (business) day of February**. If the affidavit is **mailed** to the County Assessor, be sure that it is **postmarked on or before the last day of February**.

**Note: Check with your County Assessor's Office for their hours and days of operation if the last business day in February of the current calendar year is a Friday. Some County Assessor's Offices may be closed on Fridays.**

**For DISABLED PERSONS:**

**(For a veteran with a service or non-service connected disability, use Form 82514V)**

A "Certificate of Disability for Property Tax Exemption" form (ADOR 82514B), with the original signature of the applicant's medical authority on it, and which is dated, **MUST** accompany the applicant's filed ADOR 82514 affidavit.

**The applicant should retain a copy of the signed affidavit, any attachments that are submitted with it, and the Certificate of Disability, if applicable, as a permanent record.**

For questions regarding the application of this program, please contact your County Assessor.