

2023 SENIOR PROPERTY VALUATION PROTECTION OPTION

PLEASE CHECK ONE: INITIAL APPLICATION

NOTICE OF REAPPLICATION

APPLICANT: Please read the instructions on the reverse side before completing this form. Complete the form and copy for your records before submitting it to the County Assessor where your primary residence is located. The form must be submitted by September 1.

Application Date _____ County **COCHISECO** Parcel ID # _____ Account # _____

Applicant's Name(s) _____ / _____

Primary Residence Address _____ City _____ Zip _____

Mailing Address _____ City _____ Zip _____

Years lived in primary residence _____ (must be minimum of two years). Provide proof of residency by submitting utility statements, voter registration, or other documentation of proof as requested by the Assessor.

NOTE: "Primary residence" as defined in Article 9 Section 18 of the Arizona Constitution means all owner occupied real property and improvements to that real property in this state that is a single family home, condominium or townhouse or an owner occupied mobile home and that is used for residential purposes. A qualified taxpayer can have only one primary residence.

Are you the sole owner? Yes _____ No _____ If co-owned, please state total number of owners _____

At least one of the owners must be sixty-five years old. Provide proof of age (birth certificate, driver license, passport, etc.).

Qualified Owner's date(s) of birth: ____-____-____ / ____-____-____

INCOME INFORMATION: List total annual income for all owners from all sources, taxable and non taxable, for the previous three calendar years. Documentation may be requested by the Assessor to verify income.

INCOME FROM ALL SOURCES	Year One _____	Year Two _____	Year Three _____
Salaries, wages, and tips earned.	\$ _____	\$ _____	\$ _____
Social Security benefits received.	_____	_____	_____
Pension and annuity income received.	_____	_____	_____
Dividend and interest income received.	_____	_____	_____
Rent and royalty income received.	_____	_____	_____
Business and farm income received.	_____	_____	_____
Unemployment insurance payments received.	_____	_____	_____
Workmen's compensation payments received.	_____	_____	_____
Railroad retirement benefits received.	_____	_____	_____
Veteran's disability pension payments received.	_____	_____	_____
Alimony payments received.	_____	_____	_____
Estate and trust income received.	_____	_____	_____
Public Assistance payments received.	_____	_____	_____
Other income earned or received.	_____	_____	_____
TOTAL ANNUAL COMBINED INCOME =	\$ _____	\$ _____	\$ _____

Three Year Total Annual Combined Income \$ _____ Three Year Average \$ _____

Under penalty of perjury, I/we hereby certify that all of the information contained in this application form is true and correct. I/we consent to the freezing of the valuation of my primary residence for a three year period.

Print Name(s) _____ / _____ Phone _____

Signature(s) _____ / _____ Date _____

THIS BLOCK IS FOR COUNTY ASSESSOR USE ONLY			
Residency/Age/Income Requirements Met? Yes	No	Limited Property Value Freeze Approved Yes	No
Amount of Three Year Average Income Verified \$ _____	Assessor/Deputy _____	Date _____	
Valuation Protection Option applied to valuation years _____, _____ and _____.			

INSTRUCTIONS SENIOR PROPERTY VALUATION PROTECTION OPTION

Arizona voters approved Proposition 104 in the November, 2000 General Election, and Proposition 102 in the November, 2002 General Election, thereby amending the Arizona Constitution. The Amendments provide for the “freezing” of the valuation of the primary residence of those seniors who meet all of the following requirements:

1. At least one of the owners must be sixty-five years of age at the time the application is filed. A copy of proof of age must be submitted.
2. The property must be the primary residence of the taxpayer. For purposes of this application “Primary residence” as defined in Article 9 Section 18 of the Arizona Constitution means all owner occupied real property and improvements to that real property in this state that is a single family home, condominium or townhouse or an owner occupied mobile home and that is used for residential purposes.
3. The owner must have resided in the primary residence for at least two years prior to applying for the option.
4. The owner(s) total income from all sources, including non taxable income, cannot exceed the amount specified by law.

For an initial valuation protection option application, if the owner meets all of these requirements and the County Assessor approves the application, the valuation of the primary residence will remain fixed for a three year period.

To remain eligible, the owner is required to renew the valuation protection option during the last six months of the three year period on receipt of a notice of reapplication from the County Assessor.

The freeze terminates if the owner sells the home or otherwise becomes ineligible. The property’s valuation will revert to its current full cash value and limited property value as determined by the County Assessor in the valuation year in which the sale is completed.

Please be aware that, while the VALUATION will be frozen for 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 that is applicable to all other properties in the taxing district.