

STATE OF NEW MEXICO - 2010 TAX YEAR

APPLICATION

**LIMITATION OF INCREASE IN VALUE FOR
SINGLE-FAMILY DWELLINGS OCCUPIED BY
LOW-INCOME OWNERS:
65-YEARS-OF-AGE OR OLDER;
OR DISABLED**

Application Form
Revised 2009

Pursuant to 7-36-21.3
NMSA 1978 as Amended
In 2008

PLEASE READ INSTRUCTIONS CAREFULLY

Part I	County Name	County Phone Number	Tax Year
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OTERO COUNTY	(575) 437-5310	2010
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Applicant's First Name	Middle Initial	Last Name
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Present Mailing Address (Number & Street, PO Box or rural Route)

City, State Zip Code	Phone Number
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Driver's License or Personal ID Certificate (Number & State)	Date of Birth
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Uniform Property Code (UPC #): _____

Physical Address: _____

Legal Description of Property: _____

- A. Is the property the applicant's primary residence? YES NO
- B. Is the property occupied by the applicant, and, is he/she the current owner? YES NO
- C. Will the applicant be age 65 or older during the current tax year? YES NO
- D. Is the applicant disabled? YES NO

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FOR ASSESSOR'S OFFICE USE ONLY

VALUATION LIMITATION (To be completed by the County Assessor) Does not Qualify Qualifies

The records of **OTERO** County indicates the property value is \$ _____ on the _____ Notice of Value.

Valuation Limitation Authorized by: _____ Date: _____

UPC Ownership matches App: Yes No HOFX: Yes No VETX: Yes No VETW: Yes No

Attached documents: ID Income SS D D Application Year: _____

PART II Enter "Modified Gross Income": all income received by the applicant, applicant's spouse and dependants.

Please see section 7-2-2(L) of the Income Tax Act.

(Round to nearest whole dollar)

		Gross Annual Income	
1.	Compensation.....	1.	00
2.	Net profit derived from business.....	2.	00
3.	Gains derived from dealings in property.....	3.	00
4.	Interest.....	4.	00
5.	Net rents.....	5.	00
6.	Royalties.....	6.	00
7.	Dividends.....	7.	00
8.	Alimony and separate maintenance payments.....	8.	00
9.	Annuities.....	9.	00
10.	Income from life insurance and endowment contracts.....	10.	00
11.	Pensions.....	11.	00
12.	Discharge of Indebtedness.....	12.	00
13.	Distributive share of partnership.....	13.	00
14.	Income in respect of a decedent.....	14.	00
15.	Income from an interest in an estate or trust.....	15.	00
16.	Social Security benefits.....	16.	00
17.	Unemployment compensation.....	17.	00
18.	Workers' Compensation benefits.....	18.	00
19.	Public assistance and welfare benefits.....	19.	00
20.	Cost-of-living allowanes; and	20.	00
21.	Gifts.....	21.	00
Total Modified Gross Income (Add lines 1 thru 21).....			00

PART III CERTIFICATION BY PROPERTY OWNER- (To be signed by Applicant)

I certify that I am the legal owner of this property, I am living on this property and the income and age statements made are true and accurate. I understand that false statements made intentionially on this application may be penalized as provided for in 7-38-92 and 7-38-93 of the Property Tax Code.

Amended income tax returns shall be reported within 30 days of filing.

Applicant Signature: _____ **Date:** _____