

**STATE OF NEW MEXICO - 2019 TAX YEAR**

Application Form  
Revised 11/2018

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

Pursuant to 7-36-21.3 NMSA 2000  
as Amended in 2013

**INSTRUCTIONS ON REVERSE SIDE  
PLEASE READ CAREFULLY**

County Name	County Assessor's Phone Number	Tax Year
Applicant's First Name		Middle Initial
Last Name		
Present Mailing Address ( Number & Street, P. O. Box or Rural Route )		
City & State	Zip Code	Phone Number
Driver's License or Personal ID Certificate ( Number & State )		Date of Birth

<b>PART I</b>	Physical Address / Legal Description of Property	Uniform Property Code (UPC)

- |                                                                                 |                              |                             |
|---------------------------------------------------------------------------------|------------------------------|-----------------------------|
| A Is the property the applicant's primary residence?                            | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| B Is the property occupied by the applicant and is he or she the current owner? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| C Will the applicant be age 65 or over during the current tax year?             | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| D Is the applicant disabled?                                                    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

<b>PART II</b>	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 amount.)
		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 allowances	20	.00
21 Gifts	21	.00
Total Modified Gross Income (Add lines 1 thru 21.)		.00

<b>PART III</b>	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 intentionally 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: _____

<b>PART IV</b>	VALUATION LIMITATION (To be completed by the County Assessor)	Qualifies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
The records of _____ County indicate the property value is \$ _____ as of the Tax Year _____ Notice of Value				
Valuation Limitation Authorized by: _____			Date: _____	