

DISABLED PERSONS HOMESTEAD TAX CREDIT

FOR HOMESTEAD PROTECTION OF DISABLED PERSONS, THROUGH TAX CREDIT FROM THE PAYMENT OF REAL PROPERTY TAXES AS PROVIDED UNDER ACT 6991 TWENTY-SEVENTH LEGISLATURE OF THE VIRGIN ISLANDS OF THE U.S., APPROVED MARCH 10 , 2008.

This form must be completed and returned to the Office of the Tax Assessor on or before January 1st of each taxable year.

Name:.....

Mailing Address.....

Parcel No:.....
(Located on upper right hand of bill)

Designate below the owner- occupied property on which you claim Disabled Persons Tax Credit pursuant to Act No. 6991					
STREET NO. OF HOUSE AND/OR LOT	NAME OF STREET OR ESTATE	NAME OF QTR	FOR OFFICE USE ONLY		
			DO NOT WRITE IN THIS SPACE		
			Assessment Exempted	Taxes Exempted	If not exempted State reason

Did you receive income from the above property by rental, lease, or otherwise, between January 1st, 20__ to January 1st, 20__.....

Is your total income from all sources more than \$30,000 per year for individual's gross income or more than \$50,000 per household's gross income?.....What is your total income?.....

Have you been found to suffer a disability as determined by Social Security Administration?.....Document verified.....

I,....., being duly sworn, say that the foregoing statement is correct and that as Owner, Partner, Trustee, Administrator, Guardian or Agent, I have been residing in the above described property in the District of

.....
Signature

Subscribed and sworn to before me this.....day of....., 20.....

.....
Notary Public

FOR USE BY THE OFFICE OF THE TAX ASSESSOR

Verified By..... Approved By.....