Sheila Srivastava, CPA **Salt Lake County Treasurer**

Web: http://slco.to/treasurer Email: taxrelief@saltlakecounty.gov Phone: (385) 468-8300 (Option #2)

Fax: (385) 468-8301 Hours: 8AM - 5PM

Address: 2001 S State St., #N1-200 SLC, UT 84190

2025 SENIOR DEFERRAL APPLICATION

NOTE: A new application must be filed each year. The deadline to apply is September 2, 2025

> APPLICATION ID: ____ Received: _ Entered: _ Audited: Screen Audit: _ (Office Use Only)

(Office Use Only)

1. APPLICANT

. OWNERSHIP Rea	I Property (residen	ntial) Parcel #:	If th	e property is h	neld in a trust and the curr
trust agreement is not	on file with the Treas	urer's Office, you mu	st provide a copy of the trust a	greement befo	ore relief may be granted.
. AFFIDAVIT I/We i	nereby certify the	following: (mark al	l which apply)		
☐ I am a United	States Citizen.				
			.1641 and lawfully preser My I-94 Numbercopies of their immigration		ted States.
☐ I am a homeo	wner age 75 years	s or older before	January 1, 2026		
Ba. Ownership requ	irements (all applio	cants must fill this se	ction out)		
☐ I owned and o	ccupied the reside	ence described a	bove on January 1, 2025	as my prim	ary residence.
☐ The assessed of \$529,100 C	value of my prop R it has been my	erty is no greater primary residenc	than the Salt Lake Counce for 20 consecutive year	ty median p rs or more.	roperty value
☐ I have not app	lied for tax relief i	n any other coun	ty in Utah.		
Bb. Income and Ass	ets (all applicants n	nust fill this section o	ut)		
\square My household	liquid assets are	less than 20x's th	ne preceding calendar yea	ar tax liabilit	y on the property.
\Box My household	income did not ex	ceed \$85,246.00) in the preceding calenda	ar year.	
	sferred assets or	•	perty to any relative/trust	fund within	the past 3 years.
3c. Property Liens	(all applicants must	fill this section out)			
	ny mortgage comp in order for my de		nortgage company has fill ted.	ed out the e	enclosed
Mortgage Company: Address:			Mortgage Account Number: Mortgage Maturity Date:		
My approximate mortgage balance is \$			My monthly mortgage payment is \$		
☐ I have no mor	gage loan secure	d bv mv primarv	residence.		
	e no delinquent ta				

Applicant	Date	Spouse	Date
complete, true a County as a cor receive confider banking and inv	and correct. I/We agree and understansequence of this application for tax	nd that the information provided abatement. I/We hereby authoriz te IRS or the Utah State Tax Con al or securities institution holding	• •
Describe rental	property or real estate other than the	residence on which relief is req	Jesied
	nd other business interests	rooidonoo on which reliefic or	
Trusts (value of a			
	ding stocks and bonds)		
	investment accounts (All balances in a	annuity, NOW, mutual funds, etc.)	
	1(k), 457, and IRA accounts	" NOW	
, ,	d credit union accounts		
Checking accou			
Attach copies of balances. Also,	HOLD ASSETS (all applicants) of all household asset statements which r , please provide closing statements on al		
submit an IRS	wage and income transcript and/or Socia	I Security earnings history).	
(NOTE: Any ad	dult household member who cannot provi	de the above listed documentation n	nust
• Total 2024 Ho	ousehold Income		/year
Income from	other members of household not incl	uded above	/year
Other income			/year
Business and	rent income: Rent% Busir	ess%	/year
Voluntary con	ntributions to a tax-deferred retiremen	t plan	/year
Withdrawals a	and distributions from 401(k), 457, or	IRA accounts	/year
Gross amoun	t of annuities and trust income receiv	ed	/year
Wages, salari	ies, and other employee compensation	on	/year
Earned incom	ne credit and other credits claimed or	your Federal Tax Return	/year
Welfare, Worl	ker's Compensation, alimony, child s	upport and strike benefits	/year
 Loss carry for 	wards and residential depreciation c	aimed on your Federal Tax Retu	rn/year
Capital gains	excluded from Adjusted Gross Incom	ne	/year
 Dividend and 	interest income including any nontax	able interest received	/year
Gross pension	n benefits (including Veterans Disability	Compensation)	/year
Social Securit	ty, Medicare, Railroad Retirement, or	Military Retirement	/year
Adjusted Gros	ss Income per 2024 Federal Tax Reti	ırn	/year
□ Check he	ere if you did not file a Federal Tax	Return	
income state	ncome of all members of the hou ements. Attach a complete copy of and documents used to process years.	of your 2024 federal tax return	

5. 2024 HOUSEHOLD INCOME (all applicants)