

Sheila Srivastava, CPA
Salt Lake County Treasurer

**2025 HOME & MOBILE HOME
 TAX RELIEF APPLICATION**



Web: https://slco.to/treasurer
Email: taxrelief@saltlakecounty.gov
Phone: (385) 468-8300 (Option #2)
Fax: (385) 468-8301
Hours: M-F 8AM - 5PM
Address: 2001 S State St., #N1-200
 PO Box 144575
 SLC, UT 84114-4575

*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)

TREASURER
(Office Use Only)

1. APPLICANT

Last Name	First	Initial	Birth Date	SS#
Mailing Address			Resident Address	
City, State, Zip			Phone	Email
Spouse Name	Birth Date	Death Date (if applicable)		SS#

2. OWNERSHIP

***Real Property (residential) Parcel #:** _____ ***Mobile Home Account #:** _____

**If the property is held in a trust and the current trust agreement is not on file with the Treasurer's Office, you must provide a copy of the trust agreement to review for eligibility.*

3. AFFIDAVIT

I/We hereby certify the following: (mark all which apply)

- I am a United States Citizen.
- I am a qualified alien as defined in 8 U.S.C., Sec.1641 and lawfully present in the United States.
 My Alien Registration Number is _____. My I-94 Number is _____
(New applicants who are qualified aliens must provide copies of their immigration documents)
- I am a home owner age 66 years or older before January 1, 2026.
- I am a surviving spouse (widow/widower). New applicants must provide a copy of spouse's death certificate.
- I am a disabled person less than age 66.

If you do not meet the above qualifications, you will apply under hardship relief (mark the box below):

- I am a person with an extreme hardship. (You must provide a brief letter detailing your financial hardship)

3a. Circuit breaker requirements (all applicants must fill this section out)

- I owned and occupied the residence described on January 1, 2025.
- No one has or will claim me as a dependent on their individual tax return for 2024.
- I have not applied for tax relief in any other county in Utah.
- I will be a resident of/domiciled in Utah for all of calendar year 2025.

3b. Indigent requirements (skip to section (4) if only applying for Circuit Breaker. All others must fill this section out)

- I am a person age 65 years or older before January 1, 2026.
- I am unable to pay and/or it will be a hardship to pay the tax assessed when due.
- I will be living in the residence described for at least ten months in 2025.
- I do not own income producing assets that can be liquidated to pay the tax when due. (See Sec. 6 on the back)
- I have not transferred assets or made gifts of property to any relative/trust fund within the past 3 years.
(If you have please provide a statement with complete details of all transfers)

4. REQUIRED TO BE FILLED OUT!!! LIST ALL PERSONS LIVING IN HOME AS OF JANUARY 1, 2025

Name	Age	Applicant	Name	Age	Relationship
Name	Age	Spouse	Name	Age	Relationship
Name	Age	Relationship	Name	Age	Relationship

5. 2024 HOUSEHOLD INCOME (all applicants)

Include income for **all members of the household** listed in Section 4. (Applicants who have applied in the past will be required to submit documents for all accounts that were previously submitted. Additional information may be requested).

Applicant filed a 2024 Federal Tax Return: YES _____ NO _____ (must submit a complete copy with all schedules and income documents used to process).

NOTE: The income section below will be completed by SLCO based upon the financial documents submitted.

*****Make sure to sign application at bottom of page.**

Adjusted Gross Income per 2024 Federal Tax Return (if filed) _____ year

All applicants must submit required documentation for income listed below. Please include all W2's and 1099's *along with any non taxable amounts of Social Security/pensions/IRA's/ interest and dividends.*

- Social Security, Medicare, Railroad Retirement, or Military Retirement _____/year
- Gross pension benefits (including Veterans Disability Compensation) _____/year
- Dividend and interest income including any nontaxable interest received _____/year
- Capital gains and/or loss carry forward and residential depreciation _____/year
- Welfare, Worker's Compensation, alimony, child support and strike benefits _____/year
- Wages, salaries, and other employee compensation _____/year
- Gross amount of annuities and trust income received _____/year
- Withdrawals and distributions from 401(k), 457, or IRA accounts _____/year
- Business and rent income: Rent _____% Business _____% _____/year
- Other income, including voluntary contributions to a tax-deferred retirement plan _____/year
- Income from other members of household not included above _____/year
(NOTE: Any adult household member who cannot provide the above listed documentation must submit an IRS wage and income transcript and/or Social Security earnings history).

2024 TOTAL HOUSEHOLD INCOME _____
(not to exceed \$42,623)

Monthly Mortgage Payment _____/mo

6. Indigent/Hardship & Deferral Applicants (not applicable if applying only for Circuit Breaker).

Attach copies of all household asset statements which must reflect December 31, 2024 balances. (Applicants who have applied in the past will be required to submit statements for all accounts that were previously submitted. Additional information may be requested).

- Checking accounts _____
- Any savings and credit union accounts _____
- Balances in 401(k), 457, and IRA accounts _____
- Market value of investment accounts (All balances in annuity, NOW, mutual funds, etc.) _____
- Securities (including stocks and bonds) _____
- Trusts (value of assets) _____
- Partnerships and other business interests _____
- Describe rental property or real estate other than the residence on which relief is requested _____

2024 TOTAL HOUSEHOLD ASSETS _____

7. Certification

I/We hereby swear subject to penalties of perjury and other legal and civil penalties that the information provided herein is complete, true and correct. I/We agree and understand that the information provided is subject to verification by Salt Lake County as a consequence of this application for tax abatement and hereby authorize Salt Lake County to inspect and/or receive confidential tax information from any office of the IRS or the Utah State Tax Commission and to inspect and/or receive banking and investment information from any financial or securities institution holding such information. A copy of this signed application may be relied on as my consent to the inspection or receipt of such records.

Applicant _____ Date _____ Spouse _____ Date _____

Mail or deliver the completed form to:

Salt Lake County Treasurer - Tax Relief Department | PO BOX 144575 | Salt Lake City, UT 84114-4575