

2015

**District Use Only** 

Please Print or Type the Information Below. This Form Must Be Filed By December 31, 2016.

PART I - CLAIMANT INFORMATION	<u> </u>
Claimant's Name	Spouse's Name
	Check here if spouse is deceased
Claimant's Social Security Number	Spouse's Social Security Number
Claimant's Social Security Number	Spouse's Godial Gecunity Number
Name(s) of property owner(s) as shown on	property tax bill/receipt if different than claimant
Street Number, P.O. Box; Apartm	nent Number, Suite; RR Number, etc.
0'' 0' '	0.710.0
City, State	e & ZIP Code
Claimant's Date of Birth	Spouse's Date of Birth
Daytime Telephone Number	Municipality
Bayume relephone (vamber	Warnerpairty
PART II - FILING STATUS	
I certify that I am: (Check One Box Company)	Only)
A. A Claimant, age 65 or older as of [	
	pouse age 65 or older as of December 31, 2015.
C. A Widow or Widower, age 50 to 64	4 as of December 31, 2015.
D. Permanently Disabled, age 18 to 6	64 during 2015.
2. Did you receive a property tax rebate (Check Appropriate Box)	from the school district last year ?
A. YES	
B. NO If No: Provide the follo	owing documentation when filing your form:
	ide proof of age
	vidow/widower, provide proof of age and proof of spouse's death. sabled, provide proof of age and proof of Permanent Disability.
Prov	ide proof of household income
PART III - SIGN & DATE	PREPARER: I declare that I prepared this return
CLAIMANT: I declare that this claim is true, correct and complete and to the best of my knowledge and belief, and this is the only claim filed by members of my household.	and that it is to the best of my knowledge and belief, true, correct and complete.
Claimant's Signature & Date	Preparer's Signature, Date & Phone Number
S.amanto Signaturo a Bato	