



## OFFICE OF THE COLFAX COUNTY ASSESSOR

### APPLICANT INCOME TAX AFFIDAVIT

for

### Limitation of Increase in Value for Single Family Dwellings Occupied By Low Income Owners 65 Years of Age or Older or Disabled

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I hereby certify that I have read and understand the requirements listed within the State of New Mexico Valuation Limitation form as presented to me by the Colfax County Assessor's office. I recognize that proof of income is a necessary component for fulfillment of my application for the above noted tax classification.

Based upon this information, however, I hereby verify that **I do not file State Income Taxes** and have thus chosen to provide alternative documentation regarding my income. Furthermore, I recognize that it is my sole responsibility to gather and return said documentation to the Colfax County Assessor's office and I will not be solicited by them for the information.

Should I begin filing State income Taxes in the future, I understand that I must provide the associated documents upon reapplication for the exemption in the coming year and failure to do so will result in a denial of the application.

I attest to having read and completed this and all associated forms to the best of my knowledge and 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 correct. I understand that false statements made intentionally on this application will cause both the denial of my application as well as a possible monetary penalty as provided for in NM Statute Section 7-38-92 NMSA 1978 and NM Statute Section 7-38-93 NMSA 1978 of the New Mexico Property Tax Code.

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Property Owner or Authorized Agent

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Date

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Colfax County Assessor's Office

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Date