

STATE OF NEW MEXICO - 2024 TAX YEAR

Application Form
Revised 10/30/2023

**APPLICATION-LIMITATION ON INCREASE IN
VALUE FOR SINGLE FAMILY DWELLINGS
OCCUPIED BY LOW INCOME OWNERS 65
YEARS OF AGE OR OLDER OR DISABLED**

Pursuant to 7-36-21.3 NMSA
as Amended in 2020

**INSTRUCTIONS ON REVERSE SIDE
PLEASE READ CAREFULLY**

County Name	County Assessor's Phone Number	Tax Year
Applicant's First Name	Middle Initial	Last Name
Present Mailing Address (Number & Street, P. O. Box or Rural Route)		
City & State	Zip Code	Phone Number
Driver's License or Personal ID Certificate (Number & State)	Date of Birth	

PART I	Physical Address / Legal Description of Property	Uniform Property Code (UPC)

A	Is the property the applicant's primary residence?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
B	Is the property occupied by the applicant and is he or she the current owner?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
C	Will the applicant be age 65 or over during the current tax year?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
D	Is the applicant disabled?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

PART II	Enter "Modified Gross Income", all income received by the applicant, applicant's spouse and dependents. Please see section 7-2-2 (L) of the Income Tax Act.	(Round to nearest whole dollar amount.)
		Gross Annual Income
1	Compensation	.00
2	Net profit derived from business	.00
3	Gains derived from dealings in property	.00
4	Interest	.00
5	Net rents	.00
6	Royalties	.00
7	Dividends	.00
8	Alimony and separate maintenance payments	.00
9	Annuities	.00
10	Income from life insurance and endowment contracts	.00
11	Pensions	.00
12	Discharge of indebtedness	.00
13	Distributive share of partnership	.00
14	Income in respect of a decedent	.00
15	Income from an interest in an estate or trust	.00
16	Social Security benefits	.00
17	Unemployment compensation	.00
18	Workers' compensation benefits	.00
19	Public assistance and welfare benefits	.00
20	Cost-of living allowances	.00
21	Gifts	.00
Total Modified Gross Income (Add lines 1 thru 21.)		.00

PART III	<p>CERTIFICATION BY PROPERTY OWNER - (To be signed by Applicant)</p> <p>I certify that I am the legal owner of this property, I am living on this property and the income, age or disability statements made are true and accurate. I understand that false statements made intentionally on this application may be penalized as provided for in 7-38-92 and 7-38-93 of the Property Tax Code.</p> <p>Amended income tax returns shall be reported within 30 days of filing.</p> <p>Applicant Signature: _____ Date: _____</p>
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PART IV	<p>VALUATION LIMITATION (To be completed by the County Assessor)</p> <p align="right">Qualifies? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>The records of _____ County indicate the property value is \$ _____ as of the Tax Year _____ Notice of Value</p> <p>Valuation Limitation Determined by: _____ Date: _____</p>
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