



Low Income Reduction Application

Owner : _____

Roll #: 1145-_____ Parcel ID: _____

Property Location: _____

1. Is this your primary place of residence?

- Yes
- No

2. How many people reside in this household?

- 1
- 2
- 3
- 4 or more

3. Have you provided your proof of income for ALL members of your household over the age of 18 for the previous year?

- Yes
- No

I, _____, swear that the above information is true to the best of my knowledge.

Signature

Date

Office Use Only