

#### DEPARTMENT OF REVENUE AND TAXATION REAL PROPERTY TAX DIVISION GOVERNMENT OF GUAM P.O. BOX 23607 BARRIGADA, GUAM 96921



#### "APPLICATION FOR SENIOR CITIZEN & DISABILITY TAX CREDIT"

| ▶ [ ] Senior Citizer                   | n Tax Credit <b>DOB:</b>                                     |                |  |
|--|--|----------------|--|
|  | tity must be provided)                                       |                |  |
| <ul> <li>[ ] Disabled Citiz</li> </ul> | zens Tax Credit  |                |  |
| ► [ ] Head of Hous                     | sehold of dependent wi                                       | with disabilit |  |
| I/we,                                  | , hereby certify that I/w                                    | ve own and     |  |
|  | cribed below as my permanent home, and request that the prop |                |  |
| granted the tax credit accord          |  | 5              |  |
| 0                                      |  |                |  |
| PROPERTY TAX INFORM                    | ATION  |                |  |
| <b>Primary Identification Nur</b>      | nber (PIN):  |                |  |
| Parcel Description:                    |  |                |  |
| Other Usage:                           | ( ) Residential ( ) Rental ( ) Commer                        | cial           |  |
| OWNERSHIP RECORD                       | Contact Numbers:   |                |  |
| Owners name(s):                        |  |                |  |
| Social Security No's.:                 | ///  |                |  |
| Mailing Address:                       |  |                |  |
| Residential Address:                   |  |                |  |

Claim for senior citizen and disability tax credit eligible under *Title 11, Guam Code Annotated, Chapter* 24 §24110, §24112 & §24115, application must be filed with the assessor's office in such information as the assessor shall prescribe on or before the *fifteenth* (15<sup>th</sup>) *day of March*.

Certification: I/we, the undersigned hereby submit the within tax credit application for real property taxes and certify under penalty of law that the information contained in this application is true and correct to the best of my/our knowledge.

| Applicant (print name)                    | Applicant (signature) | Date                  |    |
|---|-----------------------|-----------------------|----|
| Applicant (print name)                    | Applicant (signature) | Date                  |    |
| For office use only                       |                       | [ ] APPROVED [ ] DENI | ED |
| RPT STAFF                                 |                       | Date                  |    |
| Administrator, Real Property Tax Division |                       | Date                  |    |

# ELIGIBILITY REQUIREMENTS FOR TAX CREDIT Eighty Percent (80%) Credit

Public Law No. 24-267, Title II, Guam Code Annotated, Chapter 24, §24110 to 24115

### 1. Senior Citizens Tax Credit (identification must be provided)

- a. Applicant must be fifty-five (55) years of age or older.
- b. Applicant must be the HEAD OF HOUSEHOLD who owns and is currently residing on subject property.
- c. Applicant must have lived on Guam for the preceding five (5) consecutive years.

## 2. Citizens with Disability Tax Credit

- a. Applicant must be at least eighteen (18) years of age or older.
- b. Applicant must be HEAD OF HOUSEHOLD who owns and is currently residing on subject property.
- c. Applicant must meet the definition of "PERMANENT DISABILITY" as established by the Department of Integrated Services for individuals with Disabilities (DISID). [Letter on confirmation must accompany Affidavit for Tax Credit application].
- d. Applicant must have lived on Guam for the preceding five (5) consecutive years.

# 3. Head of Household of Dependent with Disability Tax Credit

- a. Applicant must be the HEAD OF HOUSEHOLD who owns subject property.
- b. Applicant and Disabled Dependent must be currently residing on subject property.
- c. Dependent must meet the definition of "PERMANENT DISABILITY" as established by the Department of Integrated Services for individuals with Disabilities (DISID).
   [Letter on confirmation must accompany Affidavit for Tax Credit application].
- d. Applicant (HEAD OF HOUSEHOLD) must have lived on Guam for the preceding five (5) consecutive years.
- Department of Integrated Services for Individuals with Disabilities (DISID), #238 Archbishop -FC Flores St., DNA Building, Hagatna, Guam 96910. Contact Number: 475-5735