

Web: https://slco.to/treasurer  
Email: taxrelief@saltlakecounty.gov  
Phone: (385) 468-8300 (Option #2)  
Fax: (385) 468-8301  
Hours: M-F 8AM - 5PM  
Address: 2001 S State St., #N1-200  
SLC, UT 84190

The deadline to apply is September 1, 2026

(Office Use Only)

APPLICATION ID: \_\_\_\_\_

Received: \_\_\_\_\_

Entered: \_\_\_\_\_

Audited: \_\_\_\_\_

Screen Audit: \_\_\_\_\_

Code(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Office Use Only)

1. APPLICANT

Last Name	First	Initial	Birth Date	SS#
Mailing Address			Resident Address	
City, State, Zip			Phone	Email
Spouse Name	Birth Date	Death Date (if deceased)		SS#

2. OWNERSHIP (If property is held in a Trust, you must submit a copy of the Trust if you have not already)

Real Property (residential) Parcel #: \_\_\_\_\_ Mobile Home Account #: \_\_\_\_\_

Motor Vehicles: Year \_\_\_\_\_ Make \_\_\_\_\_ Plate # \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Plate # \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Plate # \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Plate # \_\_\_\_\_

NOTE: If requesting a refund or adding vehicles that are not on record, copies of registrations are required.

3. AFFIDAVIT

a.) I/We hereby certify the following: (Mark all which apply)

☐ Combined percentage of disability certified by the Veterans' Administration is \_\_\_\_\_%.

NOTE: New applicants and applicants requesting a change in their percent of disability must provide a letter dated within the last year showing the percentage of disability and the effective date granted.

- ☐ I own the residence described and this property is my primary residence.
- ☐ I have moved and previously applied for the exemption on a different home in Utah. If yes, what date did you move? \_\_\_\_\_ Former address: \_\_\_\_\_
- ☐ I rent out \_\_\_\_\_ % of my home and/or I use \_\_\_\_\_ % of my home in a trade or business.

\*\* ANY CHANGES TO YOUR STATUS MUST BE REPORTED TO OUR OFFICE AND MAY REQUIRE AN UPDATED APPLICATION TO BE SUBMITTED. (I.E. CHANGE OF RATING OR MARITAL STATUS, MOVED, NEW TRUST RECORDED, DEATH OF THE VETERAN.)\*\*

b.) Only proceed if applying as the unmarried surviving spouse of a qualified veteran:

- ☐ I am a United States citizen.
- ☐ I am a qualified alien as defined in 8 U.S.C., Sec.1641 and lawfully present in the United States.  
My Alien Registration Number is \_\_\_\_\_. My I-94 Number is \_\_\_\_\_  
(New applicants who are qualified aliens must provide copies of their immigration documents)
- ☐ I have provided a surviving spouse letter from the VA that shows the veteran's disability rating at their time of death .
- ☐ I am the unmarried surviving spouse of a veteran who was killed in action or died in the line of duty.
- ☐ I have submitted a copy of the Veteran's death certificate as their surviving spouse.

Certification

I/We hereby swear subject to penalties of perjury and other legal and civil penalties that the information provided herein is complete, true and correct. I/We agree and understand that the information provided is subject to verification by Salt Lake County as a consequence of this application for tax abatement. I/We hereby authorize Salt Lake County to inspect and/or receive confidential tax information in any office of the IRS or the Utah State Tax Commission. A copy of this signed application may be relied on as my consent to the inspection or receipt of such records.

Applicant	Date	Spouse	Date
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Deliver, email, or mail the completed form to:

Salt Lake County Treasurer | Tax Relief Department | PO BOX 144575 | Salt Lake City, UT 84114-4575