



APPLICATION FOR BLIND OR DISABLED PERSON'S DEDUCTION FROM ASSESSED VALUATION

State Form 43710 (R14 / 9-24)

Prescribed by the Department of Local Government Finance

COUNTY	TOWNSHIP	YEAR

Information contained in this document is CONFIDENTIAL pursuant to IC 6-1.1-35-9.

INSTRUCTIONS: To be filed in person or by mail with the county auditor of the county where the property is located.

Filing Date: Form must be completed, signed, and filed by January 15 of the calendar year in which the property taxes are first due and payable.

See reverse side for additional instructions and qualifications.

Name of Applicant (<i>owner or contract buyer</i>)			
Is applicant the sole legal or equitable owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what is his/her exact share or interest?	If owned with someone other than spouse, indicate with whom	
If name on record is different than that of applicant, indicate below:			
Name of Contract Seller			
Address of Contract Seller (<i>number and street, city, state, and ZIP code</i>)		Is the Property in Question: <input type="checkbox"/> Real Property <input type="checkbox"/> Annually Assessed Mobile Home (IC 6-1.1-7)	
Is applicant blind as defined in IC 12-7-2-21(1)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is applicant disabled and unable to engage in any substantial gainful activity as defined in IC 6-1.1-12-11(d)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the property used and occupied primarily for his/her residence? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant's taxable gross income for the preceding calendar year exceed \$17,000? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Taxing District	Key Number / Legal Description	Record Number (<i>contract</i>)	Page Number (<i>contract</i>)
I/We certify under penalty of perjury that the above and foregoing information is true and correct.			
Signature of Applicant	Address of Applicant (<i>number and street, city, state, and ZIP code</i>)		
Signature of Authorized Representative	Address of Authorized Representative (<i>number and street, city, state, and ZIP code</i>)		

RECEIPT FOR APPLICATION FOR DEDUCTION FOR BLIND / DISABLED PERSONS	
Name of Applicant	Date Filed (<i>month, day, year</i>)
Name of Contract Seller	
Taxing District	
Key Number / Legal Description	
Signature of County Auditor	Date Signed (<i>month, day, year</i>)

INSTRUCTIONS AND QUALIFICATIONS

- *Applicants must be residents of the State of Indiana and provide proof of blindness or disability, as applicable.*
- *Applications must be filed during the periods specified. Once the application is in effect, no other filing is necessary, unless there is a change in the status of the property or applicant that would affect the deduction.*
- *This application may be filed in person or by mail. If mailed, the mailing must be postmarked before the last day of filing.*
- *Any person who willfully makes a false statement of the facts in applying for this deduction may be guilty of the crime of perjury.*
- *Maximum deduction is \$12,480.*
- *The applicant's taxable gross income in the preceding calendar year cannot have exceeded \$17,000.*
- *As proof of blindness, the applicant may provide the auditor of the county where the property is located with proof of blindness supported by the records of the Division of Family Resources or the Division of Disability and Rehabilitative Services, or a written statement of a licensed optometrist or a physician who is licensed by this State and skilled in diseases of the eye. (IC 6-1.1-12-12(b))*
- *As proof of disability, the applicant may provide the auditor of the county where the property is located with a Federal Social Security Statement of Disability. An individual with a disability not covered under the Federal Social Security Act shall be examined by a physician and the individual's status as an individual with a disability determined by using the same standards as used by the Social Security Administration. (IC 6-1.1-12-11(e),(f))*
- *For purposes of this deduction, "blind" has the same meaning as the definition under IC 12-7-2-21(1) and "individual with a disability" means a person unable to engage in any substantial gainful activity by reason of a medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than twelve (12) months. (IC 6-1.1-12-11(c),(d))*