

Cache County Clerk/Auditor-Tax Administration  
179 N. Main, Suite 112 Logan, UT 84321  
Phone: 435-755-1706 \* Fax: 435-755-1980  
Email: taxrelief@cachecounty.gov

Primary Residence Parcel #

Primary Residence Value

For Office Use Only

ID#:

Abate Type:

Ownership:

Initials:

APPLICANT

Applicant's Last Name

First Name

Middle Name

Date of Birth

Social Security Number

Spouse's Last Name

First Name

Middle Name

Date of Birth

Social Security Number

Property Address

City

State

Zip Code

Phone Number

Email

Mobile Home Acct# (Year/Make)

If the property is held in a trust, a copy of the current trust agreement must be on file with our office before relief may be granted.

AFFIDAVIT

I/We hereby certify the following: *(mark all which apply)* ☐ 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 am a homeowner age 75 years or older before December 31st

Ownership requirements *(all applicants must fill this section out)*

☐ I owned and occupied the residence described above on January 1<sup>st</sup> as my primary residence

The assessed value of my property is no greater than the Cache County median property value of:

☐ Attached **\$315,819** ☐ Detached **\$484,435** **OR**

☐ Subject property has been my primary residence for 20 consecutive years or more

☐ I have not applied for tax relief in any other county in Utah

Income and Assets *(all applicants must complete this section & submit requested documents)*

☐ Value of household liquid assets  Prior year tax liability

*Liquid assets must be less than 20x's the preceding calendar year tax liability on the property*

☐ My household income did not exceed **\$81,680** in the preceding calendar year

☐ I have not transferred assets or made gifts of property to any relative/trust fund within the past 3 years  
*(If you have please provide a statement with complete details of all transfers)*

Property Liens *(all applicants must fill this section out)*

☐ I will provide written approval/permission from my mortgage company/reverse mortgage company to participate in the deferral program in order for my deferral to be granted. **SUBMIT LIEN RELEASE PT-033a**

Mortgage Company:  Address:

Approximate balance:  Account Number:

Maturity Date:  Monthly payment:

**OR** ☐ I have no mortgage loan secured by my primary residence.

☐ I currently have no delinquent taxes due on my property.

☐ I acknowledge that if my application is approved a lien will be recorded on my property for the taxes, interest, and recording fee.

LIST ALL PERSONS LIVING IN HOME INCLUDING YOURSELF AS OF JANUARY 1st

Attach separate sheet for addition household members

Name	Age	Self	Name	Age	Relationship
Name	Age	Relationship	Name	Age	Relationship
Name	Age	Relationship	Name	Age	Relationship

**PRIOR YEAR 2024 HOUSEHOLD INCOME** *(all household members)*  
Include all income of all members of the household listed. Submit copies of all year-end income statements, copy of your prior year federal tax return including all W2s/1099s, schedules, documents used to process your tax return, and January 1-December 31 statements from ALL financial institutions. *(NOTE: Any adult household member who cannot provide the above listed documentation must submit an IRS wage and income transcript and/or Social Security earnings history).*

☐ **Check here if you did not file a Federal Tax Return last year**

Adjusted Gross Income per Federal Tax Return	_____ /year
Social Security, Medicare, Railroad Retirement, or Military Retirement	_____ /year
Gross pension benefits <i>(including Veterans Disability Compensation)</i>	_____ /year
Dividend and interest income including any nontaxable interest received	_____ /year
Capital gains excluded from Adjusted Gross Income	_____ /year
Loss carry forwards and residential depreciation claimed on your Federal Tax Return	_____ /year
Welfare, Worker's Compensation, alimony, child support and strike benefits	_____ /year
Earned income credit and other credits claimed on your Federal Tax Return	_____ /year
Wages, salaries, and other employee compensation	_____ /year
Gross amount of annuities and trust income received	_____ /year
Withdrawals and distributions from 401(k), 457, or IRA accounts	_____ /year
Voluntary contributions to a tax-deferred retirement plan	_____ /year
Business and rent income: Rent _____ % Business _____ %	_____ /year
Other income i.e. lottery, gambling, inheritance, sale of property, etc.	_____ /year
Income from other members of household not included above	_____ /year
<b>Total Household Income</b>	_____ /year

**HOUSEHOLD ASSETS** *(all household members)*  
*Attach copies of all household asset statements that reflect end of prior year balances. Also, provide closing statements on all accounts closed prior year.*

Checking accounts	_____
Any savings and credit union accounts	_____
Balances in 401(k), 457, and IRA accounts	_____
Market value of investment accounts <i>(All balances in annuity, NOW, mutual funds, etc.)</i>	_____
Securities <i>(including stocks and bonds)</i>	_____
Trusts <i>(value of assets)</i>	_____
Partnerships and other business interests	_____
Describe rental property or real estate other than the residence on which relief is requested	_____
_____	_____
_____	_____

**OATH AND SIGNATURE**  
Under penalties of perjury and other legal and civil penalties, I declare that I am a lawful resident of Cache County and a legal U.S. citizen. To the best of my knowledge and understanding, the information supplied on this application and all documents attached are true, correct and complete. I agree and understand that the information provided is subject to verification by Cache County as a consequence of this application for tax relief. I have included the income from all members of the household and authorize Cache County to inspect and/or receive confidential information on household members from any office of the IRS or the Utah State Tax Commission as well as records from any financial institution. A copy of this signed application may be relied on as my consent to the inspection or receipt of such records.

Applicant	Date	Spouse <i>(if home is owned in joint tenancy)</i>	Date
<i>If someone other than the applicant is signing the form, attach a copy of the <b>Power of Attorney</b></i>			
Preparer Print		Preparer Sign	Date
Preparer Address		Preparer Phone Number	

*Mail or deliver the completed form and related financial documents to:*  
**Cache County Tax Administration Department | 179 N Main Logan Suite 112, UT 84321**  
**OR email the completed form and related financial documents to: [taxrelief@cachecounty.gov](mailto:taxrelief@cachecounty.gov)**  
Website: <https://www.cachecounty.gov/tax-administration/abatement/>