



**Application For
Property Tax Assistance Program**
As Provided By 15-6-134 and 15-6-191, MCA

MONTANA
PPB-8
Rev. 11-04

This form, including all supporting documentation, must be returned to your local DOR Office before March 15th or no reduction will be allowed.
- For Office Use Only -

| |
|------------------|
| Geocode: |
| School District: |
| Assessment Code: |

(I) / (We) own a mobile home or home that may include land up to 5 acres, and occupied that same residence for at least 7 months a year; my tax filing status is: (Check one)

single (\$17,670); **married (\$23,560);** or **head of household* (\$23,560);** and my total income from last year, including otherwise tax exempt income of all types, does not exceed the amount listed next to the filing status I have checked above. (*If claiming head of household, you must complete the information at the bottom of the form)

Total Annual Income From All Sources

Please list your total annual income from all sources including otherwise tax exempt income of all types for the calendar year preceding the year of application.

| | | | |
|----------|---|------------------------------|---|
| \$ _____ | Employment Income | \$ _____ | Pension Income |
| \$ _____ | Net Business Income Before Depreciation and/or Depletion <small>(Copy of IRS Schedule C, E or F must be attached)</small> | \$ _____ | Railroad |
| \$ _____ | Net Rental Income Before Depreciation and/or Depletion <small>(Copy of IRS Schedule E must be attached)</small> | \$ _____ | Teachers |
| \$ _____ | Social Security <small>(Gross from Federal Form 1099)</small> <small>Do not include social security paid directly to a nursing home or social security for dependent children.</small> | \$ _____ | Employment |
| \$ _____ | Disability Income | \$ _____ | Veterans |
| \$ _____ | Unemployment Benefits | \$ _____ | Any Other |
| \$ _____ | Any Other Income <small>(Lottery, etc.)</small> | \$ _____ | Aid to Dependent Children |
| | | \$ _____ | Maintenance <small>(Alimony)</small> |
| | | \$ _____ | Child Support |
| | | \$ _____ | Interest Income <small>(From all sources such as banks and checking accounts)</small> |
| | | Total Income \$ _____ | |

Under penalty of law, I affirm that the information provided in this form is true and correct.

Signature _____ Social Security Number _____

Name of Spouse _____ Social Security Number _____

Phone _____ Date _____

Head of Household Information

Head of household information (to be completed by the applicant)

| Name of Dependent | SSN |
|-------------------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

For Department Use Only

Approved Disapproved

| Codes: | | Income | | | Class Codes | | |
|-----------------------|-----------------------|--------|------|------|-------------|--|--|
| Single | M/H | % | Land | IMP | MOB | | |
| \$ 0 - \$ 7,068 | \$ 0 - \$ 9,424 | 20 | 2132 | 3137 | 6237 | | |
| \$ 7,069 - \$ 10,838 | \$ 9,425 - \$ 16,492 | 50 | 2135 | 3140 | 6240 | | |
| \$ 10,839 - \$ 17,670 | \$ 16,493 - \$ 23,560 | 70 | 2137 | 3142 | 6242 | | |