



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

**MONTANA**  
PPB-8  
Rev. 12-08

\_\_\_\_\_ County

This form, including all supporting documentation, must be returned to your local DOR Office or postmarked by March 15th or no reduction will be allowed. You will receive a follow up letter that will indicate if your application has been approved or denied.

- For Office Use Only -

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Legal Description of Property: \_\_\_\_\_

Geocode: _____
School District: _____
Assessment Code: _____

(I) / (We) own a mobile/manufactured 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 (\$19,944);**  **married (\$26,592);** or  **head of household\* (\$26,592);** 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		\$ _____				Railroad
	Depreciation and/or Depletion		\$ _____				Teachers
	(Copy of IRS Schedule C, E or F must be attached)		\$ _____				Employment
\$ _____	Net Rental Income Before		\$ _____				Veterans
	Depreciation and/or Depletion		\$ _____				Any Other
	(Copy of IRS Schedule E must be attached)		\$ _____				Aid to Dependent Children
\$ _____	Social Security (Gross from Federal Form 1099)		\$ _____				Maintenance (Alimony)
	Do not include social security paid directly to a nursing home or social security for dependent children.		\$ _____				Child Support
\$ _____	Disability Income		\$ _____				Interest Income (From all sources such as bank, checking and investment accounts)
\$ _____	Unemployment Benefits						
\$ _____	Any Other Income (Lottery, etc.)						

<b>Total Income \$</b> _____
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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)

<u>Name of Dependent</u>	<u>SSN</u>
_____	_____
_____	_____
_____	_____

**For Department Use Only**

**Approved**  **Disapproved**

<b>Codes:</b>						
	<b>Income</b>			<b>Class Codes</b>		
	<u>Single</u>	<u>M/H</u>	<u>%</u>	<u>Land</u>	<u>IMP</u>	<u>MOB</u>
\$ 0 - \$ 7,978	\$ 0 - \$ 10,637	20	2132	3137	6237	
\$ 7,979 - \$ 12,232	\$ 10,638 - \$ 18,614	50	2135	3140	6240	
\$ 12,233 - \$ 19,944	\$ 18,615 - \$ 26,592	70	2137	3142	6242	