

PROPERTY ADDRESS: _____

**CITY OF DOVER ANNUAL ELDERLY/DISABILITY TAX
EXEMPTION APPLICATION**



This application is for Tax Year **2025** (June 1 thru July 31) and **must be completed in full and returned to the City of Dover Tax Office, 5 E Reed St., Dover, DE 19901 by May 31, 2025.**

This is an annual application. Failure to complete and return this application by May 31, 2025 will cause your exemption to be denied for the 2025 tax year.

Applicant's Full Name & Address:

Spouse/Additional Owner Full Name & Address:

Social Security Number: _____

Social Security Number: _____

Driver's License/State ID Number: _____

Driver's License/State ID Number: _____

Date of Birth: _____

Date of Birth: _____

Phone Number: _____

Phone Number: _____

HAVE YOU LIVED ON THE PROPERTY FOR AT LEAST 5 YEARS PRIOR TO APPLICATION? YES NO

ARE YOU 65 YEARS OF AGE: YES NO

ARE YOU APPLYING FOR: SENIOR CITIZEN EXEMPTION OR DISABLED CITIZEN EXEMPTION (circle one)

SINGLE	MARRIED
IS YOUR INCOME LESS THAN \$21,918? YES NO (Do not include Social Security income.)	IS YOUR INCOME LESS THAN \$30,137? YES NO (Do not include Social Security income.)
DO YOU FILE FEDERAL INCOME TAXES? YES NO	DO YOU FILE FEDERAL INCOME TAXES? YES NO
IF YOU FILE FEDERAL INCOME TAXES, PLEASE INCLUDE A COPY OF YOUR 2024 RETURN WITH THIS APPLICATION.	IF YOU FILE FEDERAL INCOME TAXES, PLEASE INCLUDE A COPY OF YOUR 2024 RETURN WITH THIS APPLICATION.

I/We swear or affirm that this information is true and correct to the best of my/our knowledge and belief and further understand that a false declaration in this application will subject me/us to the penalties provided by law for perjury.

Applicant Signature: _____ Date: _____

Spouse/Owner Signature: _____ Date: _____

You will be notified if your application is denied.

IN ACCORDANCE TO CODE SECTION 1-13.- CLEAN HANDS, OBLIGATIONS DUE TO THE CITY MUST BE CURRENT FOR ALL PARCELS OWNED BY THE APPLICANT BEFORE THE APPLICATION DEADLINE.

MAILING OF THIS APPLICATION IS A COURTESY. WE CANNOT ACCEPT RESPONSIBILITY FOR DELAYS OR LOSS OF APPLICATION DUE TO MAIL SERVICE. IT IS THE SOLE RESPONSIBILITY OF THE APPLICANT TO ENSURE THEY RECEIVE THE APPLICATION AND IT IS RETURNED BY THE DEADLINE.

Do not write in this box.

Approved _____ Denied _____

CITY OF DOVER
ELDERLY/DISABILITY TAX EXEMPTION REQUIREMENTS

Persons 65 years of age and older by May 31st and/or persons totally (100%) disabled, and able to document their total disability, may qualify to receive a reduction in the amount of their taxable assessment which would reduce or eliminate their property tax liability. Listed below are requirements which must be met to qualify:

- A. If applying for the Elderly Exemption, **please provide copy of State of Delaware driver's license or State Identification card** for proof of age. Applicant must be 65 years of age by May 31st. If you have previously provided a copy of your identification, your application will stay "ON FILE". Another copy is not necessary.
- B. The applicant(s) must currently reside on the property and have resided on the property as their principal place of residence for 5 years immediately preceding the tax year for which the application is being made.
- C. Title to the property for which the exemption is sought must be in the name of the applicant (or the applicant and the applicant's spouse), or a revocable grantor trust with the applicant listed as a trustee, as reflected in the official tax records.
- D. Total adjusted gross annual income of a **single** applicant shall not exceed \$21,918. Combined total adjusted gross annual income of the **applicant and spouse** residing together in the same residence shall not exceed \$30,137. Recipients of the Civil Service Retirement System (CSRS) may exclude but not exceed \$50,448.
 - a. **If you file income taxes, include a signed copy of your 2024 State of Delaware income tax form & Federal Form 1040 with your application.**
 - b. **If you are excluding CSRS, provide a copy of the Statement of Annuity.**

DISABILITY ONLY - ATTACH DOCUMENTATION OF ANY DISABILITY INCOME APPEARING ON TAX FORMS.

- F. **DISABILITY ONLY** – **Please provide a copy of the State of Delaware driver's license of State Identification card.** Applicant must provide an award letter for the current year from the Social Security Administration or file certified copies of award letters from government agencies indicating that the applicant is totally disabled regardless of age.
- G. Completed application and subsequent verification forms must be received by the City of Dover Tax Office, 5 E Reed Street, Dover, DE 19901 **no later than May 31, 2025.**

REMEMBER:

- Social Security, Railroad Retirement Tier I, and if disabled, pension income directly related to the applicants disability are **excluded** from adjusted gross income;

IN ACCORDANCE TO CODE SECTION 1-138.- CLEAN HANDS, OBLIGATIONS DUE TO THE CITY MUST BE CURRENT FOR ALL PARCELS OWNED BY THE APPLICANT BEFORE THE APPLICATION DEADLINE.

MAILING OF THIS APPLICATION IS A COURTESY. WE CANNOT ACCEPT RESPONSIBILITY FOR DELAYS OR LOSS OF APPLICATION DUE TO MAIL SERVICE. IT IS THE SOLE RESPONSIBILITY OF THE APPLICANT TO ENSURE THEY RECEIVE THE APPLICATION AND IT IS RETURNED BY THE DEADLINE.

Refer questions to the Tax Office - 302-736-7022 - Monday through Friday 8:30 AM to 5:00 PM