



Davis County Controller
61 South Main Street
P.O. Box 618 – Room 101
Farmington, UT 84025

Applicant Name (Print or Type)	
Mailing Address	City, State, Zip
Daytime Telephone No.	Email Address
Property Serial Number	Abatement Program

1

Describe the nature of the medical emergency and the relationship of the individual with the emergency to the property owner(s):

Did this medical emergency require hospitalization?	Yes	No
1. Did you or your family member have a medical emergency that required hospitalization?		
2. If yes, what was the medical emergency?		
3. How long did the medical emergency last?		
4. How many times did the medical emergency occur?		
5. How many times did the medical emergency occur in the last 12 months?		
6. How many times did the medical emergency occur in the last 6 months?		
7. How many times did the medical emergency occur in the last 3 months?		
8. How many times did the medical emergency occur in the last 1 month?		
9. How many times did the medical emergency occur in the last 2 weeks?		
10. How many times did the medical emergency occur in the last 1 week?		
11. How many times did the medical emergency occur in the last 3 days?		
12. How many times did the medical emergency occur in the last 24 hours?		
13. How many times did the medical emergency occur in the last 12 hours?		
14. How many times did the medical emergency occur in the last 6 hours?		
15. How many times did the medical emergency occur in the last 3 hours?		
16. How many times did the medical emergency occur in the last 1 hour?		
17. How many times did the medical emergency occur in the last 30 minutes?		
18. How many times did the medical emergency occur in the last 15 minutes?		
19. How many times did the medical emergency occur in the last 5 minutes?		
20. How many times did the medical emergency occur in the last 1 minute?		

□

Name of decedent and relationship to owners(s) (if applicable): _____

7

Describe the nature of the extraordinary and unanticipated circumstance:

I certify, as per UT Code 78B-18a, that all statements herein and/or attachments are true, correct and complete.

Date _____



2026 APPLICATION FOR LOW INCOME CIRCUIT BREAKER & INDIGENT PROPERTY TAX ABATEMENT

For Homeowners and Mobile Home Owners

Davis County Controller
P.O. Box 618
Farmington Utah 84025
Telephone: (801) 451-3331

ACCOUNT # _____

YOU MUST FILE AN APPLICATION EACH YEAR TO RECEIVE TAX RELIEF

This application is made for abatement of ad-valorem property tax in accordance with U.C.A. § 59-2-Part 3 & 4
Property Tax Relief.

The deadline for filing this application with Davis County is September 1

1. Applicant Information

Applicant's Last Name	First	Initial	Date of Birth	Social Security Number
Spouse's Last Name	First	Initial	Date of Birth	Social Security Number
Mailing Address (Street, Suite #, Apt #)	City, State, Zip Code			Telephone
Email	Emergency Contact			Secondary Phone Number

2. Property Information

Residential Real Property	Parcel Number:	Mobile Home	Vehicle Identification Number:
Is any portion of your home rented?	Y N	Is any portion of your home used for Trade or Business?	Y N
Portion of Home Rented:	%	Portion of Property Used for Business?	%
Is this property in a Trust?	Y N	If Yes, please provide a copy of the Trust	

3. Affidavit

I hereby certify the following:

I am a United States Citizen.

I am qualified as an alien as defined in 8 U.S.C. 1641 and lawfully present in the United States.

My Alien Registration Number is _____. My I-94 Number is _____.

All applicants must provide copies of immigration documents.

I owned and occupied the residence described on January 1, 2026.

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

I furnished my own financial support in 2025 and cannot be claimed as a dependent on any other tax return.

I am an unmarried surviving spouse (widow/widower). New applicants must provide a copy of Death Certificate.

My property exceeds one acre. The total acreage is _____.

Circuit Breaker Requirements (age 67 & older):

I am a home owner age 67 years or older as of December 31, 2026.

I will reside in Utah all of calendar year 2026.

Low-Income Indigent Requirements:

I am a home owner age 66 or younger as of December 31, 2026

I will reside in the home at least 10 months of the current year

I am a disabled person less than age 67 (A signed statement from licensed physician documenting the nature and extent of the disability)

I am a person with an extreme hardship (Attach statement of extreme hardship)

4. Members of Household List all persons living in the residence and earning income, including yourself, as of January 1, 2025

Name	Relationship	Age	2025 Income
Name	Relationship	Age	2025 Income
Name	Relationship	Age	2025 Income

5. Total Gross Household Income – Taxable & Nontaxable

- Applicants must include “total gross income” for all members earning income (including members above).
- Attach a complete copy of all applicable 2025 Federal Tax Return including all schedules and attachments.
- If no applicable 2025 Federal Tax Returns were filed, copies of all income statements for members earning income must be submitted.

Social Security (include Medicare Premium)	\$
Railroad Retirement, Military Retirement, State Supplemental Income	\$
Gross Wages, Salaries, and Other Employee Compensation	\$
Unemployment, Alimony, Child Support, and Strike Benefits	\$
Welfare Payments, Food Stamps	\$
Pensions, Annuities, and Trust Income	\$
Distributions from: 401K, Roth's, IRA's, or other sources	\$
Rent, Business, Farm, or Partnership Income, Royalties	\$
Interest, Dividends, etc.	\$
Capital Gains	\$
Other Income Year Loss/Rental Depreciation	\$
Earned Income Credit, Additional Child Tax Credit, and other Tax Credits	\$
Other Income (ex. Jury Duty, Prizes, Gambling):	\$
TOTAL 2025 Gross Household Income	\$
Total Gross Household Income Amount to Qualify May Not Exceed \$44,221	

6. ALL APPLICANTS MUST SIGN THE APPLICATION

Subject to penalties of perjury and other legal and civil penalties, I declare that the information supplied on this application and all documents attached is true, correct and complete. I further declare that I am a resident of Davis County. I have included the information from all members of the household and authorize Davis County to inspect and/or receive tax 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 consent to the inspection or receipt of such records.

Applicant's Signature

Date

Spouse's Signature

Date

7. Filing Deadline

**The filing deadline for all abatements is on or before September 1, 2026.
If any questions please call 801-451-3331 or 801-451-3543.**

8. Submit the Completed Form to: DAVIS COUNTY TAX ADMINISTRATION

Mail:
PO Box 618, RM 101
Farmington UT 84025

In Person:
61 South Main Street
Farmington UT 84025

Via Email:
TaxAdmin@daviscountyutah.gov
Please include all documents required

(FOR COUNTY OFFICE USE ONLY)

Received by _____
Date _____

Circuit Breaker Abatement	\$
Circuit Breaker II Abatement	\$
Indigent/Disabled Abatement	\$