APPLICATION FOR PROPERTY TAX REDUCTION FOR 2026 ALL OF THE FOLLOWING QUESTIONS MUST BE COMPLETED. ATTACH SUPPORTING DOCUMENTS. County Parcel Number Code Area Section A. 1. Ownership Information (Name, address and ZIP code) Section B. Eligibility Status As of January 1, 2026, I was (check all that apply) 65 or older Blind Former P.O.W. Fatherless or Motherless Minor Widow(er): Spouse Name_ Date of Death Disabled (recognizing entity): Social Security Administration Railroad Retirement Board Federal Civil Service Public Employee Retirement System, not covered by above agencies Veteran 10-30% Service-Connected Disability Veteran 40-100% Service-Connected Disability Veteran Nonservice-Connected Disability with pension 2. Social Security Number (Claimant) Social Security Number (Spouse) Section C. Income Household Income and Qualified Expenses January 1 - December 31, 2025 3. Birth Date (Claimant) Birth Date (Spouse) Subsection 1 1. Federal adjusted gross income\$_ 4. As of January 1, 2026, you were: Extension filed Yes No Married Subsection 2 Include gross income from all sources not included in Subsection 1 5. Physical address of the property if different than ownership information. (taxable and nontaxable) 2. Social Security income/SSI (Claimant).....\$ Yes No 6. Did you receive a Property Tax Reduction in 2025? 3. Social Security income/SSI (Spouse)..... \$____ 7. Have you filed a claim on a different primary residence between January 1, 4. Capital gains (max allowable deduction \$3,000) \$ Yes No 2026 and now? 5. Wages, workers' compensation, and/or unemployment\$_ 8. Did you occupy your home as your primary residence before April 15, 2026? 6. Pensions, retirements, annuities, and/or IRAs \$ Yes No 9. Did you or your spouse stay in a care facility in 2025? 7. VA pension or compensation\$ Yes No 8. Interest and dividends\$ 10. Did you receive rental income for all or any part of this property in 2025? 9. Railroad retirement\$ If yes, please attach a copy of your rental agreement. 10 Other income Yes No (Received from 11. If you used any part of this property for business or commercial use in 2025, list 11. Subtotal (add lines 1 through 10)......\$______\$ the percent used for business or commercial use (See 12. Principal of annuity (Attach contract.).....\$ (instructions.) 12. Did you sell real estate, stocks, or other capital assets in 2025? 13. Total of nonreimbursed, paid medical expenses Yes No and medical insurance premiums.....\$ (13. This year, you or your spouse will file: (Check all that apply.) 14. Total of paid or prepaid funeral expenses Federal Income Tax Return (Attach a copy of this return.) (If your tax (Attach receipt - maximum allowable amount: \$5,000.) \$ (information is incomplete, please contact your county assessor for instruc-15. Subtotal of deductions (Add lines 12, 13, and 14) \$__ tions on completing this form.) 16. Total net income (Subtract line 15 from line 11) \$ State income tax return (List state, if other than Idaho: If you would like information about property tax deferral for any Idaho grocery credit form remaining taxes, ask your assessor or contact the State Tax 14. Claimant Spouse Commission for a brochure explaining this program. I certify that my Social Security number and birthdate are correct. I certify that I am a citizen or legal permanent resident of the FOR COUNTY USE ONLY United States, OR I certify that I am in the United States legally. Check all that apply: Single family Sole owner Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete. Multi dwelling Community property I grant permission to any government agency and contractor to con-Multi use Partial ownership firm my status and to reveal to the Idaho State Tax Commission the Trust or life estate total monetary payments made to me or my spouse during 2025. LP, LLC, or Corp. (Check one) Yes No Overall claimant percentage of ownership/use _, certify that Property Tax County Assessor or Deputy Assessor Reduction benefits are only applied to the claimant's eligible portion of the net taxable Claimant(s) (Please print.) Date Tax reduction not to exceed: Signature(s) and Relationship Telephone Number THIS APPLICATION MUST BE FILED WITH YOUR

COUNTY ASSESSOR BY APRIL 15, 2026

Email:

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