



**2026-2027  
Tax Year**

**Senior/Disabled  
Property Tax Exemption  
Application**

***Due by April 15, 2026***

## **Qualifications for the Town of Elsmere Senior/Disabled Tax Exemption**

Article III Senior Citizens and Disabled Tax Exemption  
[Adopted 1-14-1992 by Ord. No. 281]

**To be eligible for the exemption offered by the Town, you must meet the following qualifications.**

1. You must have reached the age of 65 on or before July 1, 2026, **or** have been disabled on or before July 1, 2026.
2. You must have been a resident of the Town of Elsmere since at least December 31, 2022.
3. You or you and your spouse, must be the legal owner(s) of the property for which the exemption is being sought.
4. You must reside in the residence for which the property tax exemption is being sought.
5. For single applicants, your **TOTAL SINGLE HOUSEHOLD INCOME** during the calendar year beginning January 01, 2025, and ending December 31, 2025, must not exceed \$44,500.00.
6. For applicants who are a couple or family, your **TOTAL HOUSEHOLD INCOME** during the calendar year beginning January 01, 2025, and ending December 31, 2025 must not exceed \$50,000.00.
7. You must submit your completed application, including all supporting documents, to the Finance Department for approval by the Town Manager on or before **April 15, 2026**.
  - a. Your application may be submitted in the following ways:
    - i. Mail: Town of Elsmere, Attn: Finance Department, 11 Poplar Avenue, Wilmington, DE 19805
    - ii. Direct Drop-off: Town Hall, 11 Poplar Avenue, Wilmington, DE 19805.  
In-person Monday through Friday from 8:00 AM to 4:00 PM. There is also a secure after-hour drop-box located at the main entrance.
    - iii. E-Mail: [Finance@townofelsmere.com](mailto:Finance@townofelsmere.com)

*Due to the nature of the application, we encourage you to directly drop off or e-mail your application with supporting documents.*
8. **Applications will not be accepted after April 15, 2026.**
9. For those who have joint ownership with a non-spouse but otherwise meet the requirements, there is a proportional share of the exemption available.
10. All prior year's taxes and associated fees must be paid in full prior to the submission of this application.

**Definitions for the Town of Elsmere Senior/Disabled Tax Exemption**  
**§ 204-10 Definitions**

**DISABLED**

A person who is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months, or blindness; and the term "blindness" means central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. An eye which is accompanied by a limitation in the fields of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for purposes of this definition as having a central visual acuity of 20/200 or less.

**HOUSEHOLD INCOME**

The income, as defined in the "income" definition of this chapter, of each and every person residing in the residential property for which the application has been made, regardless if they are related or not, married or not, children or not, contributing to the household or not.

[Added 10-13-2004 by Ord. No. 434]

**INCOME**

**All income from whatever source derived, including but not limited to realized capital gains and, in their entirety, Police, Fire and Railroad pensions, other pension annuity and retirement benefits, as defined herein, for any tax year for which an exemption is claimed.** Income shall be determined to be equal in amount to the income received during the calendar year or the taxpayer's fiscal year ended immediately preceding December 31 of the pretax year, but no taxpayer shall use a fiscal-year basis unless he so elects to do and files his federal income tax return on such basis. Specifically excluded from being calculated as income shall be any income received as a benefit from the Social Security Act, and disability benefits for those persons disabled.

[Amended 3-8-2007 by Ord. No. 476; 5-10-2007 by Ord. No. 478; 5-9-2024 by Ord. No. 671]

**PRETAX YEAR**

The calendar year immediately preceding the tax year.

## **RESIDENT**

One legally domiciled within the Town of Elsmere for a period of three years immediately preceding December 31 of the pretax year. Mere seasonal or temporary residence within the Town of Elsmere, of whatever duration, shall not constitute domicile within the Town for the purposes of this article. Absence from this Town for a period of 12 months shall be *prima facie* evidence of abandonment of domicile in this Town. The burden of establishing legal domicile within the Town shall be upon the claimant.

## **SINGLE HOUSEHOLD INCOME**

The income, as defined in the "income" definition of this chapter, of a single person residing alone in the residential property for which the application has been made.

[Added 10-13-2004 by Ord. No. 434]

## **TAX YEAR**

The calendar year in which Town real estate tax is due and payable.

## **Instructions for the Town of Elsmere Senior/Disabled Tax Exemption Application**

1. You must complete the application in full including all necessary signatures.
2. You must attach all required documents.
3. If you **or anyone residing in the household** filed a federal tax return, you **must** attach a copy of the federal return with this application.
4. If you did not file a federal tax return, you **must** attach copies of your statements of pension income if not specifically excluded and/or interest income received.
5. Should additional information be required, it is your responsibility to comply with all requests for additional information.
6. Applicants who are disabled **must** submit a copy of their Certificate of Social Security Insurance Award and have a physician's signature certifying the extent of their disability.
7. If your exemption is denied, you may appeal the decision of the Town Manager to the Town of Elsmere Mayor and Council.
8. **You will be required to establish your income/your household income annually for the purpose of continuing the exemption.** It is your duty to report to the Finance Department any change in your status or in the property, which affects the exemption or your right to it.
9. You must return the completed application, including all required documents, to the Finance Department for approval by the Town Manager no later than **April 15, 2026.**
  - a. Your application may be submitted in the following ways:
    - i. Mail: Town of Elsmere, Attn: Finance Department, 11 Poplar Avenue, Wilmington, DE 19805
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*Due to the nature of the application, we encourage you to directly drop off or e-mail your application with supporting documents.*



**Tax Year 2026/2027**

**Senior / Disabled Tax Exemption**

**Application for Tax Parcel \_\_\_\_\_**

<b>Applicants Name</b>			
First Name: _____	Last Name: _____	Middle Initial: _____	Suffix: _____
<b>Street Address</b>			
Number: _____	Street: _____		
<b>Contact Information</b>			
Telephone: _____	E-Mail (If Applicable): _____		
<b>Applicants Date of Birth</b>		<b>Marital Status</b>	
_____ (MM/DD/YYYY)		<input type="checkbox"/> Married	<input type="checkbox"/> Single/Divorced
<input type="checkbox"/> Widow			
<b>Spouses Information (If Applicable)</b>			
First Name: _____	Last Name: _____	Middle Initial: _____	Suffix: _____
Date of Birth: _____ (MM/DD/YYYY)			
<b>Co-Habitant/Joint Owner Information</b> <b>(Provide the following information for each person residing in your home)</b>			
<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Relationship</b>

Income Information				
Income From	Applicant	Spouse	Other	Other
Salaries, Wages, Tips				
Social Security Income				
Pensions				
Interest / Dividends				
Rental Income				
Disability Benefits				
Other (Describe)				
Other (Describe)				
<b>Total of Each Column</b>	\$	\$	\$	\$
<b>Total Income (Add together the total of each column)</b>				\$

Mandatory Questionnaire		
Please answer each of the following or your application is subject to denial	Yes	No
1. Do you permanently reside in the residence for which you are applying for the tax exemption?		
2. Have you lived in the town of Elsmere since at least December 31, 2022?		
3. Are you required to file a Federal Tax Return for the year ending December 31, 2025?		
4. If you answered Yes to question #3, you must attach a copy of your Tax Return to your application. Is a copy attached?		
5. If you are applying because of a disability, you must have your doctor submit a certificate of disability to this application. Is the original certificate from your doctor attached?		
6. Have you provided income information for each and every person residing in the residential property for which the application has been made?		

### **Oath of Applicant**

I hereby swear or affirm that the information provided in this application is true and correct to the best of my knowledge and belief and that I am fully aware that any misrepresentation by me either intentionally or otherwise may result in my being denied the tax exemption sought in this application as well as any future application and that I may be liable for any tax exemption that had been granted in the past. I further acknowledge that it is my responsibility to keep the Town of Elsmere and specifically the Town Manager informed should any of the information in this application change.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Applicants (Spouse/Joint Owner) Signature

\_\_\_\_\_  
Date

**FOR OFFICIAL USE ONLY NOT TO BE COMPLETED BY THE APPLICANT**

Date the application was received by the Town:	Employee Initials Received By:
Assessed Value of the Property:	Exemption Approved: 197,794.50 or _____
Base Tax Credit:  Total Household income <b>including</b> SSI/Disability Income below \$50,000 \$0 to \$30,000 – 60% & \$30,001 to \$50,000 – 35%	
Does application qualify for additional Base Tax Credit? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, <input type="checkbox"/> 60% (CR1) <input type="checkbox"/> 35% (CR2)	
Application Reviewed and Approved by the Finance Director:  <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Initial/Date: _____	
Approved by the Town Manager:  Signature/Date: _____	
Exemption and/or Base Tax Credit as approved entered in MCSJ/Tax Parcel:  Initial/Date: _____	
Additional Comments/Notes:  _____	

## **Town of Elsmere Certificate of Disability**

I, \_\_\_\_\_ hereby acknowledge that I have  
(Physicians Name)  
reviewed the below portion of the Code of the Town of Elsmere Article III Section 204-10,  
this defines "Disabled" as:

"A person who is unable to engage in any substantial gainful activity by reason of any medically determinable physical impairment or mental impairment, which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than 12 months, or blindness; and the term "blindness" means central vision acuity of 20/200 or less in the better eye with use of a correction lens. An eye which is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no greater than 20 degrees shall be considered for the purpose of this definition as having a central vision acuity of 20/200 or less."

I have examined my patient \_\_\_\_\_ and have found in my  
Applicants Name  
professional opinion, their medical or mental condition falls within the definition of "Disabled"  
as defined by the Code of The Town of Elsmere.

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Physicians Name (Printed)

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Physicians Signature

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Physicians Address (Printed)

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Date Signed

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Physicians Phone Number