



APPLICATION REAL ESTATE TAX RELIEF FOR THE ELDERLY AND DISABLED

2009

City of Newport News, Virginia
(757) 926-3535

Applications Accepted January 1 – August 31, 2009

The information required on this application must be completed in its entirety, notarized, and returned to the Commissioner of the Revenue by August 31, 2009.

MAILING LABEL

FOR OFFICE USE ONLY

Real Estate Acct # _____

Name on Deed if different from applicant:

1. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name of Applicant (Last, First, Middle)	Social Security Number	Date of Birth
Property Address (Street, City, Zip Code)		Phone Number

A. Do you live at the above address? Yes No If no, list residing address _____

B Mailing Address (If different): _____

C. Waterworks Account Number: _____

D. Were you or your spouse **permanently and totally** disabled prior to reaching age 65? Yes No

List name(s) of disabled individual(s): _____

2. RELATIVES LIVING AT THE ABOVE ADDRESS

	NAME	SOCIAL SECURITY #	RELATIONSHIP TO OWNER	AGE
SPOUSE				
RELATIVE 1				
RELATIVE 2				
RELATIVE 3				

3. TOTAL ANNUAL COMBINED GROSS HOUSEHOLD INCOME (AS OF 12/31/2008)

Income From:	APPLICANT	SPOUSE	RELATIVE 1	RELATIVE 2	RELATIVE 3	
Wages	\$	\$	\$	\$	\$	
Self Employment	\$	\$	\$	\$	\$	
Unemployment Compensation	\$	\$	\$	\$	\$	
Social Security	\$	\$	\$	\$	\$	
Railroad Retirement	\$	\$	\$	\$	\$	
Veteran's Benefits	\$	\$	\$	\$	\$	
Pensions	\$	\$	\$	\$	\$	
Service Allotments	\$	\$	\$	\$	\$	
Annuity	\$	\$	\$	\$	\$	
Interest	\$	\$	\$	\$	\$	
Dividends	\$	\$	\$	\$	\$	
Rental Income	\$	\$	\$	\$	\$	
Capital Gains	\$	\$	\$	\$	\$	
Gifts/Lottery	\$	\$	\$	\$	\$	
Royalties	\$	\$	\$	\$	\$	
Government Assistance	\$	\$	\$	\$	\$	
Other: _____	\$	\$	\$	\$	\$	
Other: _____	\$	\$	\$	\$	\$	
Total Income:	\$	\$	\$	\$	\$	GRAND TOTAL
						\$

4. ASSETS (AS OF 12/31/2008)

	APPLICANT	SPOUSE	OFFICE USE ONLY
Checking Accounts	\$	\$	
Savings Accounts	\$	\$	
Savings Certificates	\$	\$	
CDs	\$	\$	
Insurances (Cash Value)	\$	\$	
Stocks	\$	\$	
Bonds	\$	\$	
IRAs/401Ks	\$	\$	
Thrift Savings Plans	\$	\$	
Other Real Estate	\$	\$	
Other: _____	\$	\$	GRAND TOTAL
TOTAL ASSETS:	\$	\$	\$

OTHER ASSETS: Auto, Boat, Camper and similar			
Type	Year	Make	Model
Vehicle 1			
Vehicle 2			
Vehicle 3			
Boat			
Trailer/Camper/RV			
Other: _____			

Please check the method you have decided to use: EXEMPTION DEFERRAL

AFFIDAVIT

In order for your application to be processed, you must complete all sections of this application, sign on the applicant signature line in the presence of a notary public, and the notary public must complete and sign in the space provided below. Please be advised that submission of an incomplete application may result in your application being denied.

I request Real Estate Tax Relief and certify that the foregoing statements are true and correct to the best of my knowledge and belief. I agree to let the Office of the Commissioner of the Revenue know *immediately* if any changes occur in my situation as indicated above. I understand that any person(s) falsely claiming tax relief shall be guilty of a Class 3 misdemeanor (**NN § 40-54**) and, upon conviction thereof, shall be fined no more than **\$500.00** for each offense.

Applicant Signature

Date

STATE OF VIRGINIA To with:
City of : _____

Personally appeared before me in my City and State aforesaid _____,
Who being first duly sworn by me acknowledged the signature to the foregoing sworn affidavit to be his/her own and stated that on information and belief the said statements are true and correct.

Subscribed and sworn to me the undersigned Notary Public, in my City and State aforesaid the _____ day of _____, 20_____.

Notary Public

Registration No. _____

My commission expires _____