



APPLICATION MOBILE HOME TAX RELIEF FOR THE ELDERLY AND DISABLED

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

2012

PRISCILLA S. BELE
Commissioner of the Revenue

Application must be filed on or before June 30, 2012

The information required on this application must be completed in its entirety, notarized, and returned to the Commissioner of the Revenue by June 30, 2012.

MAILING LABEL

FOR OFFICE USE ONLY

Personal Property Acct # _____

Name on Title if different from applicant: _____

1. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name of Applicant	Last, First, Middle	Social Security Number	Date of Birth
Name of Spouse	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. Were you **permanently and totally** disabled prior to age 65? Yes No
 Was your spouse **permanently and totally disabled** prior to age 65? Yes No

2. OTHER PERSONS LIVING AT THE ABOVE ADDRESS (IF NO OTHER PERSONS LIVE WITH YOU, WRITE "NONE")

	NAME	SOCIAL SECURITY #	RELATIONSHIP TO OWNER	DATE OF BIRTH
PERSON 1				
PERSON 2				
PERSON 3				

3. TOTAL ANNUAL COMBINED GROSS HOUSEHOLD INCOME – JANUARY 1, 2011 TO DECEMBER 31, 2011

Income From:	APPLICANT	SPOUSE	PERSON 1	PERSON 2	PERSON 3		
Wages	\$	\$	\$	\$	\$		
Self Employment	\$	\$	\$	\$	\$		
Unemployment Compensation	\$	\$	\$	\$	\$		
Social Security	\$	\$	\$	\$	\$		
Railroad Retirement	\$	\$	\$	\$	\$		
Non-taxable Veteran's Benefits	\$	\$	\$	\$	\$		
Military Pensions	\$	\$	\$	\$	\$		
Other Pensions	\$	\$	\$	\$	\$		
Annuity & IRA Disbursements	\$	\$	\$	\$	\$		
Interest	\$	\$	\$	\$	\$		
Dividends	\$	\$	\$	\$	\$		
Rental Income	\$	\$	\$	\$	\$		
Capital Gains	\$	\$	\$	\$	\$		
Gifts/Lottery/ Gambling	\$	\$	\$	\$	\$		
Royalties	\$	\$	\$	\$	\$		
Government Assistance	\$	\$	\$	\$	\$		
Other: _____	\$	\$	\$	\$	\$		
Other: _____	\$	\$	\$	\$	\$		
Total Income:	\$	\$	\$	\$	\$		GRAND TOTAL
							\$

4. ASSETS – BALANCES OF ACCOUNTS OR VALUES OF ASSETS ON DECEMBER 31, 2011

	APPLICANT	SPOUSE	OFFICE USE ONLY
Checking Accounts	\$	\$	
Savings Accounts	\$	\$	
Savings Certificates	\$	\$	
CDs	\$	\$	
Cash Value of Life Insurance	\$	\$	
Stocks	\$	\$	
Bonds	\$	\$	
IRAs/401Ks/Annuities	\$	\$	
Thrift Savings Plans	\$	\$	
Other Real Estate (provide address)	\$	\$	
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: _____			

5. Please check the relief type you choose to qualify for: EXEMPTION DEFERRAL

6. 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 hereby request personal property tax relief on my mobile home and certify that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that any person falsely requesting tax relief shall be guilty of a Class 3 misdemeanor (NV § 40-54).

I agree to notify the Office of the Commissioner of the Revenue immediately if any changes occur in respect to my income, financial worth, ownership of the property, or other factors.

Applicant's Signature Date

City/County of _____
Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me this ____ day of _____, 2012

by _____ in the city/county and state aforesaid.
(name of applicant)

Notary Public _____

Notary registration number _____

My commission expires _____

SEAL