



TIFFANY M. BOYLE  
Commissioner of the Revenue

# APPLICATION REAL ESTATE TAX EXEMPTION FOR THE ELDERLY

City of Newport News, Virginia  
Phone: (757) 926-3535 Web Site: www.nnva.gov/cor  
Applications Accepted through August 31, 2019

# 2019-20

The information required on this application must be completed in its entirety, notarized, & returned to the Commissioner of the Revenue with supported documentation.

MAILING LABEL

FOR OFFICE USE ONLY
Real Estate Acct # _____
Name on Deed if different from applicant: _____

### 1. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

<b>Name of Applicant</b>	Last, First, Middle	<b>Social Security Number</b>	<b>Date of Birth</b>
<b>Name of Spouse</b>	Last, First, Middle	<b>Social Security Number</b>	<b>Date of Birth</b>
<b>Property Address</b>	Street, City, Zip Code		<b>Phone Number</b>

- 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. Does anyone other than the applicant and spouse live in the home?  Yes  No **If Yes, complete Section 2.**

### 2. OTHER PERSONS LIVING AT THE ABOVE ADDRESS

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

### 3. TOTAL ANNUAL COMBINED GROSS HOUSEHOLD INCOME – JANUARY 1, 2018 TO DECEMBER 31, 2018

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, 2018**

	APPLICANT	SPOUSE	OFFICE USE ONLY
Checking Accounts	\$	\$	
Savings Accounts, Certificates	\$	\$	
Cash Value of Life Insurance	\$	\$	
CDs, Stocks, Bonds	\$	\$	
IRAs/401Ks/Annuities	\$	\$	
Thrift Savings Plans	\$	\$	
Auto: Year _____ Make _____	\$	\$	
Auto: Year _____ Make _____	\$	\$	Address of other Real Estate:
Boat, Camper, RV and similar	\$	\$	
Other Real Estate (provide address)	\$	\$	
Other: _____	\$	\$	<b>GRAND TOTAL</b>
<b>TOTAL ASSETS:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**5. HOUSING COSTS PAID - JANUARY 1, 2018 TO DECEMBER 31, 2018**

Mortgage Principle & Interest		Heating Oil	
Real Estate Insurance	\$	Land-Line Telephone	\$
Real Estate Taxes	\$	Cable Television	\$
Electric Power Utility	\$	Homeowners' Association Dues	\$
Natural Gas Utility	\$	Other _____	\$
NN Waterworks Water	\$	Other _____	\$
HRSD Sanitation	\$	Other _____	\$
		<b>TOTAL HOUSING COSTS:</b>	\$

**6. AFFIDAVIT**

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

I hereby request real estate tax **exemption** and certify the foregoing statements are true and correct to the best of my knowledge and belief. I understand any person falsely requesting tax exemption shall be guilty of a Class 3 misdemeanor. I agree to notify the Office of the Commissioner of the Revenue immediately if any changes occur with respect to my income, financial worth, housing costs or ownership of the property.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

City/County of \_\_\_\_\_  
Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 2019

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

Notary Public \_\_\_\_\_

Notary registration number \_\_\_\_\_

SEAL (required)

My commission expires \_\_\_\_\_