



# APPLICATION MOBILE HOME TAX DEFERRAL FOR THE ELDERLY AND DISABLED

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

Application must be filed by June 30, 2015

# 2015

PRISCILLA S. BELE  
Commissioner of the Revenue

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

## MAILING LABEL

FOR OFFICE USE ONLY
Personal Property Acct # _____
Name on Title 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. 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, 2014 TO DECEMBER 31, 2014

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: _____	\$	\$	\$	\$	\$	
<b>Total Income:</b>	\$	\$	\$	\$	\$	<b>GRAND TOTAL</b>
						\$

**4. ASSETS – BALANCES OF ACCOUNTS OR VALUES OF ASSETS ON DECEMBER 31, 2014**

	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: _____	\$	\$	<b>GRAND TOTAL</b>
<b>TOTAL ASSETS:</b>	<b>\$</b>	<b>\$</b>	

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

**5. ELECTION OF AMOUNT OF DEFERRAL**

If eligible for deferral, do you elect to defer 100% of your 2015 mobile home tax?

YES \_\_\_\_\_ NO \_\_\_\_\_

If **NO**, indicate the percentage of mobile home tax you elect to defer . \_\_\_\_\_%

**IMPORTANT!** You will be billed and must pay the balance of the 2015 tax that you elect not to defer.

**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 deferral 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 deferral shall be guilty of a Class 3 misdemeanor (NN § 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.

I understand that if I am eligible, my mobile home tax for 2015 will be deferred and that the accumulated amount of taxes deferred shall be paid to the city treasurer immediately upon the sale or transfer of title of the mobile home or shall be paid from the estate of the decedent within one (1) year after the death of the last owner who qualified for tax deferral.

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

\_\_\_\_\_  
Date

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

The foregoing instrument was subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 2015

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

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

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

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

SEAL (REQUIRED)