



APPLICATION REAL ESTATE TAX EXEMPTION FOR THE ELDERLY

2017-18

PRISCILLA S. BELE
Commissioner of the Revenue

City of Newport News, Virginia
Phone: (757) 926-3535 Web Site: www.nnva.gov/cor
Applications Accepted through August 31, 2017

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

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
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. 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, 2016 TO DECEMBER 31, 2016

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, 2016

	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 _____	\$	\$	
Boat, Camper, RV and similar	\$	\$	
Other Real Estate (provide address)	\$	\$	
Other: _____	\$	\$	GRAND TOTAL
TOTAL ASSETS:	\$	\$	\$

5. HOUSING COSTS PAID JANUARY 1, 2016 TO DECEMBER 31, 2016

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

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 _____, 2017

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

Notary Public _____

Notary registration number _____

SEAL (required)

My commission expires _____