



APPLICATION REAL ESTATE TAX DEFERRAL FOR THE ELDERLY AND DISABLED

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

2019-20

TIFFANY M. BOYLE
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

Real Estate Acct # _____

Name on Deed if different from applicant: _____

ELECTION OF DEFERRAL:

Deferral Election, if eligible for 2019-20 real estate tax is 100% **YES** _____ **NO** _____
 If no, fill in the percentage of real estate tax you elect to defer _____ %
YOU WILL BE BILLED & MUST PAY THE BALANCE OF THE 2019-20 TAX YOU ELECT NOT TO DEFER!
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

Mailing Address	Street, City, Zip Code (IF SAME AS PROPERTY ADDRESS, WRITE SAME)	Waterworks Account Number

Were you permanently or totally disabled prior to age 65? **YES** _____ **NO** _____
 Was your spouse permanently or totally disabled prior to age 65? **YES** _____ **NO** _____

IDENTIFY OTHER PERSONS LIVING AT YOUR HOME IN 2018 WRITE NONE if applicable

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

INCOME - PROVIDE YEARLY INCOME TOTALS FOR ALL HOUSEHOLD MEMBERS IN 2018

January 1 – December 31, 2018:	Applicant	Spouse	Person 1	Person 2	
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: _____	\$	\$	\$	\$	
Total Income:	\$	\$	\$	\$	GRAND TOTAL INCOME

FINANCIAL WORTH- PROVIDE YEARLY ASSET VALUES ON DECEMBER 31, 2018

January 1 – December 31, 2018:	Applicant	Spouse		
Checking Accounts	\$	\$		
Savings Accounts	\$	\$		
Money Market Accounts	\$	\$		
Savings Certificates	\$	\$		
CD's	\$	\$		
Cash Value of Life Insurance	\$	\$		
Stocks or Bonds	\$	\$		
IRAs/401Ks/Annuities	\$	\$		
Thrift Savings Plans	\$	\$		
Other Real Estate Property Owned (provide address)	\$	\$		
Vehicle Owned (Yr, Make, Model) _____	\$	\$		
Vehicle Owned (Yr, Make, Model) _____	\$	\$		
Boat Owned (Yr, Make, Model) _____	\$	\$		Address of Other Real Estate
Other: _____	\$	\$		
Other: _____	\$	\$		GRAND TOTAL ASSETS
Total Assets:	\$	\$	\$	

AFFIDAVIT (Notary Public must watch you sign then notarize the application before submission)

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 submission of an incomplete application may result in your application being denied.

I hereby request real estate tax **deferral** and certify the foregoing statements are true and correct to the best of my knowledge and belief. I understand 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 with respect to my income, financial worth, or ownership of the property.

I understand if I am eligible, my real estate tax for 2019-20 will be **deferred** and the accumulated amount of taxes deferred shall be paid to the city treasurer immediately upon the sale or transfer of title of the dwelling 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 _____, 2019

by _____ in the city/county and state aforesaid.
(Name of Applicant)

Notary Public _____

Notary registration number _____

SEAL (required)

My commission expires _____ -