



# APPLICATION REAL ESTATE TAX DEFERRAL FOR THE ELDERLY AND DISABLED

# 2018-19

**TIFFANY M. BOYLE**  
Commissioner of the Revenue

City of Newport News, Virginia  
Phone: (757)926-3535 Web Site: [www.nnva.gov/cor](http://www.nnva.gov/cor)  
Applications Accepted through August 31, 2018

**REQUIRED: 2017 FORM SSA-1099 & BANK STATEMENT WITH 12/31/17 BALANCE.**

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. Were you or your spouse **permanently and totally** disabled prior to age 65?  Applicant  Spouse  Neither
- E. 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, 2017 TO DECEMBER 31, 2017

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, 2017**

	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			
Boat/RV			
Trailer/Camper			
Other			

**5. ELECTION OF DEFERRAL AMOUNT**

If eligible for deferral, do you elect to defer 100% of your 2018-19 real estate tax? YES \_\_\_\_\_ NO \_\_\_\_\_  
 If **NO**, indicate the percentage of your real estate tax you elect to defer . \_\_\_\_\_%

**IMPORTANT! You will be billed and must pay the balance of the 2018-19 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 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. 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 2018-19 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 \_\_\_\_\_, 2018

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

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

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

**SEAL** (required)

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