

**PERSONAL PROPERTY TAX RELIEF
2017 APPLICATION**

DUE APRIL 1, 2017



CITY OF MANASSAS
COMMISSIONER OF THE REVENUE
9027 CENTER ST STE 104
MANASSAS VA 20110

Contact: Terri Martin - (703) 257-8298

APPLICANT: Please enter the following information:

Applicant/Owner: _____
Last Name First Name Middle Name

_____ Date of Birth Social Security #

Spouse or
Co-Owner

_____ Last Name First Name Middle Name

_____ Date of Birth Social Security #

Applicant's Address: _____
Number and Street Apt # City/State Zip Code

Telephone No: _____
Home Work Cell

_____ Email Address

OFFICE USE

ACCT #: _____ Assessment _____

Qualify: Yes _____ No _____

In the chart below, enter the **TOTAL 2016 GROSS INCOME** and assets owned as of December 31, 2016.

TOTAL FULL-YEAR GROSS INCOME	Applicant/Owner	Spouse	Other	TOTAL
Salary/Wages				
Social Security (1099-SSA, Box 5)/ RR Retirement				
Annuity Distributions				
Pension/IRA/Other Retirement				
Veterans Benefits/Disability				
Interest/Dividends/Capital Gains				
Business/Royalty/Rental Income				
Unemployment/Workman's Comp				
Other Income (Please List)				
Total				

ASSETS ON DEC 31, 2016	Applicant/Owner	Spouse	Other	TOTAL
Savings Accounts/Cert of Deposit				
Checking/Money Market Accts				
Stock, Bonds, etc.				
Retirement Accounts/IRA				
Life Insurance/Annuity – Cash Value				
Other Real Estate Owned				
Other assets (household)				
Total				
Liabilities*	-	-	-	-
Total Net Worth				

* Liabilities do not include the mortgage on the house on which you are seeking relief or credit card debt. Include mortgage on OTHER real estate and car loans.

Motor Vehicles

Year	Make	Title Number	

⌘ AFFIDAVIT and AUTHORIZATION TO VERIFY RELIEF STATUS ⌘

I _____ and _____
do swear or affirm that the statements and figures contained in this application are true, full and correct to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which this affidavit is filed that will result in exceeding or violating the limitations and conditions provided by Section 110-82, of the City of Manassas Code, shall nullify any exemption and/or deferral for the current taxable year and the next taxable year.

I also authorize the City of Manassas to verify RELIEF STATUS ONLY to inquiries by mortgage, title and settlement companies. I understand income, asset or any other information considered confidential will not be disclosed.

APPLICANT'S SIGNATURE DATE

CO-OWNER'S SIGNATURE DATE

COMMONWEALTH OF VIRGINIA

CITY/COUNTY OF _____, TO WIT:

I hereby certify that _____ and _____
personally appeared before me in the City and State aforesaid, who being first duly sworn by me, acknowledge the signature to the foregoing affidavit to be his or her own and stated that on the information and belief the said statements are true and correct.

Subscribed and sworn to before me the undersigned Notary Public in my City and State aforesaid this _____ day of _____, 20____.

Notary Public
My Commission Expires _____
Registration Number _____