



REAL ESTATE TAX RELIEF FY 18 APPLICATION – NEW APPLICANT

CITY OF MANASSAS
COMMISSIONER OF THE REVENUE
9027 CENTER ST STE 104
MANASSAS VA 20110
CONTACT: TERRI MARTIN (703) 257-8298

GENERAL REQUIREMENTS

To qualify, an applicant must:

- Be age 65 or older, OR permanently and totally disabled* on December 31, 2016
- Own and occupy the dwelling as his/her sole residence
- Meet Income/Net Worth Limits (see reverse for information)

See Reverse for NEW Income/Net Worth Limits and other information.

**THIS APPLICATION MUST BE FILLED OUT COMPLETELY AND RETURNED TO
THE COMMISSIONER OF THE REVENUE BY JULY 5, 2017.**

YOU MUST APPLY EACH YEAR FOR TAX RELIEF!

APPLICATIONS RECEIVED AFTER JULY 5, 2017 WILL NOT BE ACCEPTED OR CONSIDERED

CHECKLIST OF ITEMS TO BE SUBMITTED WITH APPLICATION

- 2016 Federal Income Tax Return including all schedules for each person that filed
- All W-2's & 1099's (Social Security, Civil Service, other income)
- All 1099-R (for Pensions, Retirement Accounts, Annuities, Profit-Sharing, Insurance Contracts)
- All 1099-INT, 1099-DIV, 1099-B's
- All **December 2016** Financial and Bank Account Statements (Checking, Savings, Pensions, etc)
- Tax Assessment and mortgage statement for any OTHER real estate (excludes your primary residence)

*Certification by the Social Security Administration, the Veteran's Administration, the Railroad Retirement Board or affidavits by two medical doctors licensed to practice medicine in Virginia that you are permanently and totally disabled must be submitted. One of the affidavits must be based upon a physical examination.

The application form must be signed in the presence of a notary. This service is available free of charge to applicants at City Hall. After you have completed the form and it has been notarized, return the application to:

Terri Martin
Deputy Commissioner of the Revenue
9027 Center St Ste 104
Manassas VA 20110

Exemption Limits
Income Limits for FY 2018:

Gross Income				Exemption	Maximum Exemption
0.00	-	26,100	->	100%	
26,101	-	56,150	->	100%	\$ 3,400
56,151	-	64,573	->	25%	\$ 850
64,574	-	72,995	->	15%	\$ 510
72,996	-	81,418	->	10%	\$ 340
81,419	-	over	->	No Relief	

In determining income, the first \$10,000 of income earned by any relative living in the household other than the owner(s) or spouse is excluded.

Net Worth Limits

A combined financial net worth for the applicant and spouse residing in the home of **not more than \$340,000**, excluding the residence for which the exemption is sought and up to one acre of land which it occupies.

Personal Property Tax Relief

This tax relief also applies to the personal property tax on one motor vehicle titled in your name and registered in the City of Manassas.

Tax Relief does not apply to license fees or parking fees (if applicable).



**REAL ESTATE TAX RELIEF
FY18 APPLICATION**

DUE JULY 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 _____

Balance: Defer ____ Pay ____

Complete the following for all other relatives (by blood, adoption or marriage) who live in the home as of December 31, 2016

First Name	Middle Name	Last Name	Date of Birth	Social Security #	Relationship

First Name	Middle Name	Last Name	Date of Birth	Social Security #	Relationship

Answer the following questions:

1. Is this residence occupied by the applicant as the sole dwelling?
Yes _____ No _____

2. Do you own any other real estate?
Yes _____ No _____

a. If yes, where is the property located and what is the estimated fair market value?

Address _____ FMV _____

b. Is the applicant sole or partial owner?
Sole Owner _____ Partial Owner _____

c. If partial owner, describe how the ownership is legally held and the applicant's interest.

3. If you qualify for a partial real estate exemption, do you want to pay or defer the balance?
Pay _____ Defer _____

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 _____