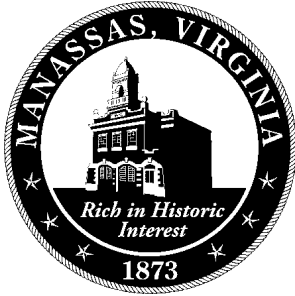


TAX RELIEF FOR THE ELDERLY or DISABLED FY25 REAL ESTATE/2024 PERSONAL PROPERTY



DUE JULY 1, 2024

CITY OF MANASSAS
COMMISSIONER OF THE REVENUE
PO BOX 125
MANASSAS VA 20108

Contact: Terri Martin - (703) 257-8298 - TMARTIN@MANASSASVA.GOV

RELIEF APPLYING FOR:

REAL ESTATE TAX

PERSONAL PROPERTY TAX

YOU MUST REAPPLY EACH YEAR

APPLICANT: Please enter the following information:

Applicant/Owner:

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

Spouse or Co-Owner

(CIRCLE ONE)

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

Applicant's Address:

_____	_____	_____	_____
Number and Street	Apt #	City/State	Zip Code

Phone Number:

Email Address:

OFFICE USE

RE PID# _____
ASSESSMENT _____
INCOME _____
100% _____ \$3400 _____

PPID# _____
MV INFO _____
YES _____ NO _____

Balance: Defer ____ Pay ____

DATE REC'D _____

DID ANY RELATIVES (BY BLOOD OR ADOPTION) LIVE IN THE HOME ON DECEMBER 31, 2023? YES NO
IF YES, ENTER THE INFORMATION BELOW

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

If you are applying for REAL ESTATE TAX RELIEF, 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 _____

*Deferral of taxes is defined as the portion of the taxes that is not relieved shall be allowed to remain unpaid without penalty, but must be paid within one year after the property is either sold or the qualified owner is deceased.

In the chart below, enter the **TOTAL 2023 GROSS INCOME** and assets owned as of December 31, 2023.

TOTAL FULL-YEAR GROSS INCOME	Applicant/Owner Income	Spouse Income	Other Relative Income	TOTAL
Salary/Wages	\$	\$	\$	\$
All Social Security Income (1099-SSA, Box 5)	\$	\$	\$	\$
Pensions (1099-R, Box 1)	\$	\$	\$	\$
Annuity Distributions (1099-R, Box 1)	\$	\$	\$	\$
IRA Distributions (1099-R, Box 1)	\$	\$	\$	\$
Veterans Benefits/Veterans Disability	\$	\$	\$	\$
Interest (1099-INT)	\$	\$	\$	\$
Dividends (Income from stock)	\$	\$	\$	\$
Capital Gains/Losses	\$	\$	\$	\$
Business/Royalty/Rental Income	\$	\$	\$	\$
Unemployment/Workman's Comp	\$	\$	\$	\$
Other Income (Please List)	\$	\$	\$	\$
	\$	\$	\$	\$
Total	\$	\$	\$	\$

ASSET BALANCE ON DEC 31, 2023	Applicant/Owner	Spouse	TOTAL
Savings Accounts	\$	\$	\$
Checking Accounts	\$	\$	\$
Money Market Accounts	\$	\$	\$
Certificates of Deposit	\$	\$	\$
Stock, Bonds, etc.	\$	\$	\$
Retirement Accounts	\$	\$	\$
IRA's	\$	\$	\$
Life Insurance – Cash Value	\$	\$	\$
Annuity – Cash Value	\$	\$	\$
Other Real Estate Owned	\$	\$	\$
Total			
Liabilities* ENTER AS A NEGATIVE NUMBER	-	-	-
Total Net Worth			

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

List all Motor Vehicles, Trailers, etc. registered with DMV and Owned on January 1, 2024.
IF MOTOR VEHICLE IS LEASED, LIST THE LEASE COMPANY NAME

Year	Make	Title Number	LEASE COMPANY (IF LEASED)

⌘ 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 _____, 2024.

Notary Public
My Commission Expires _____
Registration Number _____