



APPLICATION MOBILE HOME TAX EXEMPTION FOR THE ELDERLY

City of Newport News, Virginia
Phone: (757) 926-3535 Web Site: www.nnva.gov/cor
Applications Accepted April 1 – June 30, 2019



2019-20

TIFFANY M. BOYLE

Commissioner of the Revenue

The information required on this application must be completed in its entirety, notarized, & returned to the Commissioner of the Revenue with supported documentation.

MAILING LABEL

FOR OFFICE USE ONLY

Real Estate Acct # _____

Name on Deed if different from applicant: _____

1. 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	

- 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. 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, 2018 TO DECEMBER 31, 2018

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, 2018

	APPLICANT	SPOUSE	OFFICE USE ONLY
Checking Accounts	\$	\$	
Savings Accounts, Certificates	\$	\$	
Cash Value of Life Insurance	\$	\$	
CDs, Stocks, Bonds	\$	\$	
IRAs/401Ks/Annuities	\$	\$	
Thrift Savings Plans	\$	\$	
Auto: Year _____ Make _____	\$	\$	
Auto: Year _____ Make _____	\$	\$	
Boat, Camper, RV and similar	\$	\$	
Other Real Estate (provide address)	\$	\$	
Other: _____	\$	\$	Address of Other Real Estate: _____
TOTAL ASSETS:	\$	\$	GRAND TOTAL \$

5. HOUSING COSTS PAID - JANUARY 1, 2018 TO DECEMBER 31, 2018

Mortgage Principle & Interest		Heating Oil	
Real Estate Insurance	\$	Land-Line Telephone	\$
Real Estate Taxes	\$	Cable Television	\$
Electric Power Utility	\$	Homeowners' Association Dues	\$
Natural Gas Utility	\$	Other _____	\$
NN Waterworks Water	\$	Other _____	\$
HRSD Sanitation	\$	Other _____	\$
		TOTAL HOUSING COSTS:	\$

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 mobile home property tax **exemption** and certify the foregoing statements are true and correct to the best of my knowledge and belief. I understand any person falsely requesting tax exemption 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, housing costs or ownership of the property.

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 _____