

## PERSONAL PROPERTY TAX RELIEF 2018 APPLICATION

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

(703) 257-8298 (Terri Martin)

#### **GENERAL REQUIREMENTS**

All owners of the property must:

 Be age 65 or older, or permanently and totally disabled\* (except for a spouse) on December 31, 2017.

\*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.

This application must be filled out completely and returned to the Commissioner of the Revenue by April 2, 2018

YOU MUST APPLY EACH YEAR FOR TAX RELIEF!

#### **CHECKLIST OF ITEMS TO BE SUBMITTED WITH APPLICATION**

- 2017 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 and 1099-DIV/Distributions.
- All **December 2017** Financial and Bank Account Statements.

## Exemption Limits Income Limits for 2018:

Gross Income				Exemption
-	-	56,150	->	100%
56,151	-	64,573	->	25%
64,574	-	72,995	->	15%
72,996	-	over	->	No Relief

#### **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.

### **Application**

You must apply each year for tax relief!

Personal Property tax relief does not include license or parking fees.

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

(703) 257-8298



# PERSONAL PROPERTY TAX RELIEF 2018 APPLICATION

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

APPLICANT: Please enter the following information:						
A						
Applicant/Owner: _	Last Name		First Name	Middle Name		
_	 Date of Birth			Social Security #		
Spouse:				,		
	Last Name		First Name	Middle Name		
_	Date of Birth		Social Security #			
Applicant's Address:	Number	and Charact	1104.4	Cit. /Ctata	7in Codo	
	Number a	id Street	Unit #	City/State	Zip Code	
Telephone No:	Home		Work	Cell		
_						
Complete the following for all other relatives (by blood, adoption or marriage) who live in the home as of December 31, 2017						
Complete the follow	ing for all other relativ	res (by blood, adoptio	on or marriage) who in	ve in the nome as of De	ecember 31, 2017	
First Name	Middle Name	Last Name	Date of Birth	Social Security #	Relationship	
First Name	Middle Name	Last Name	Date of Birth	Social Security #	Relationship	
THISE INAME	wildule Name	Last Name	Date of Birth	Social Security #	Relationship	
		OFFICE	USE			
PID#		DAT	ΓE REC'D			
INCOME:		<del></del>				
Qualify: Yes						
Qualified Vehicle:	Year	Make	Т	itle#		
	· · · · · · · · · · · · · · · · · · ·					

## In the chart below, enter the TOTAL amount of income and/or assets as of December 31, 2017.

INCOME	Applicant/Owner	Spouse	Other	TOTAL
Salary/Wages				
Social Security/RR Retirement (2017/1099-SSA Line 5)				
Annuity Distributions				
Pension/Retirement				
Veterans Benefits/Disability				
Interest/Dividends/Capital Gains				
Rental Income				
Business/Royalties/Partnership Income				
Unemployment/Workman's Comp				
Other Income (Please List)				
Total				

ASSETS	Applicant/Owner	Spouse	TOTAL
Savings Accounts/Certificates of Deposit			
Checking/Money Market Accounts			
Retirement Accounts			
Life Insurance/Annuity – Cash Value			
Other Real Estate Owned			
Other assets			
Total			

Year	Make	Title #	OFFICE USE

### ∞ AFFIDAVIT∞

<u> </u>	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.			
APPLICANT'S SIGNATURE	DATE		
CO-OWNER'S SIGNATURE	DATE		
COMMONWEALTH OF VIRGINIA			
CITY/COUNTY OF	, TO WIT:		
I hereby certify that			
signature to the foregoing affidavit to be his or l statements are true and correct.	State aforesaid, who being first duly sworn by me, acknowledge the ner own and stated that on the information and belief the said gned Notary Public in my City and State aforesaid this day of		
-	Notary Public		
	My Commission Expires		
	Registration Number		