

TAX YEAR - 2009

APPLICATION FOR TAX RELIEF FOR PERSONAL PROPERTY OF
PERSONS AGE 65 YEARS OF AGE OR OLDER AND PERSONS WHO
ARE TOTALLY AND PERMANENTLY DISABLED

This application must be filled out completely and returned to the Commissioner of the Revenue by April 1, 2009, to the address below:

JOHN P. GRZEJKA
COMMISSIONER OF THE REVENUE
9027 CENTER STREET
P. O. BOX 125
MANASSAS, VIRGINIA 20108-0125

The Personal Property relief is granted on an annual basis. A new application must be filed each year. All information on this application is **confidential** and not open to public inspection. For additional information, please contact Bobbi Corbin at (703) 257-8222.

APPLICANT _____
(Property Owner) Last First Middle

ADDRESS _____

BIRTHDATE _____ SOCIAL SECURITY # _____
Month Day Year

SPOUSE and/or CO-OWNER _____
Last First Middle

BIRTHDATE _____ SOCIAL SECURITY # _____
Month Day Year

HOME PHONE NUMBER OR CONTACT NUMBER: _____

Office Use:

HTE ACCOUNT # _____

Qualify Yes _____ No _____

Qualified Vehicle Year _____ Make _____ Model _____

Comments:

1. Do you own real estate in the City of Manassas or outside the City?

Yes _____ No _____

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

Location _____

Fair Market Value _____

2. If #1 is yes is the applicant? Owner _____ Partial Owner _____

If partial ownership, explain how the ownership is legally held and the proportion of the applicant's interest. _____

3. List the names, relation and ages of all persons who occupy the residence.

Name

Relation

Age

4. List all vehicles owned by you and/or your spouse:

| Year | Make | Model | Vin # | Title# |
|------|------|-------|-------|--------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

GROSS INCOME FOR CALENDAR YEAR 2008: (1/1/2008-12/31/2008)

Included in this statement should be the total gross income from all sources of the applicant, spouse, and all persons related to the applicant living in the residence. Income includes Social Security Income:

| GROSS INCOME | APPLICANT | SPOUSE | OTHER |
|--|------------------|---------------|--------------|
| | | | |
| Gross Earnings | | | |
| Pensions | | | |
| Social Security | | | |
| Disability | | | |
| Interest/ Div | | | |
| Rent | | | |
| Welfare/Gifts | | | |
| Capital Gains | | | |
| Other | | | |
| TOTAL GROSS INCOME FROM ALL SOURCES: \$ | | | |

NET FINANCIAL WORTH AS OF DECEMBER 31, 2008:

Net financial worth is computed by subtracting liabilities from assets. Included in this statement should be the Net Financial Worth, including equitable interest of both the applicant and spouse. Exclude the applicant's residence and up to one acre of land upon which the residence is located.

| NET VALUE OF ASSETS | APPLICANT | SPOUSE |
|---|------------------|---------------|
| | | |
| Other Real Estate | | |
| Personal Property | | |
| Savings Account | | |
| Checking Account | | |
| Stocks and Bonds | | |
| Insurance (cash value) | | |
| Other Assets (household) | | |
| Total Assets | | |
| Liabilities | | |
| TOTAL NET COMBINED FINANCIAL WORTH: \$ | | |

AFFIDAVIT

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 30-13, 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

CO-OWNER'S SIGNATURE

**STATE OF VIRGINIA
CITY OF MANASSAS, TO WIT:**

I hereby certify that _____
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 the _____ day of _____, 200_____.

NOTARY PUBLIC

My Commission expires _____.