



2023-24 APPLICATION REAL ESTATE TAX DEFERRAL FOR THE ELDERLY AND DISABLED



TIFFANY M. BOYLE
Commissioner of the Revenue

City of Newport News, Virginia
Phone: (757) 926-3535 Web Site: www.nnva.gov/cor
Applications Accepted through August 31, 2023

VALERIE Y. GAINS
Chief Deputy

REQUIRED:
Prior year 1040 Federal, 1099-SSA, & bank statement showing 12/31/22 balance

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. Were you or your spouse **determined** disabled prior to age 65? Applicant Spouse if so, by whom? _____
- D. Is any part of the residence leased or rented to other persons? Yes No
- E. 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, 2022 TO DECEMBER 31, 2022

| 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/Other Pensions | \$ | \$ | \$ | \$ | \$ | |
| Tax Exempt Income | \$ | \$ | \$ | \$ | \$ | |
| Annuity & IRA Disbursements | \$ | \$ | \$ | \$ | \$ | |
| Interest | \$ | \$ | \$ | \$ | \$ | |
| Dividends | \$ | \$ | \$ | \$ | \$ | |
| Rental Income | \$ | \$ | \$ | \$ | \$ | |
| Capital Gains | \$ | \$ | \$ | \$ | \$ | |
| Gifts/Lottery/Gambling | \$ | \$ | \$ | \$ | \$ | |
| Royalties | \$ | \$ | \$ | \$ | \$ | |
| Government Assistance | \$ | \$ | \$ | \$ | \$ | |
| Other: _____ | \$ | \$ | \$ | \$ | \$ | GRAND TOTAL |
| TOTAL INCOMES: | \$ | \$ | \$ | \$ | \$ | \$ |

4. ASSETS – BALANCES OF ACCOUNTS OR VALUES OF ASSETS ON DECEMBER 31, 2022

| | APPLICANT | SPOUSE | OFFICE USE ONLY |
|--|-----------|-----------|---------------------------------|
| Checking Accounts/Savings Accounts | \$ | \$ | |
| Savings Certificates | \$ | \$ | |
| Certificates of Deposit/Money Market | \$ | \$ | |
| Cash Value of Life Insurance | \$ | \$ | |
| Stocks/Bonds/Trusts | \$ | \$ | |
| IRA/401K/Annuities/Thrift Saving Plans | \$ | \$ | |
| Other Real Estate (provide address) | \$ | \$ | Address of other Real Estate: |
| Other: _____ | \$ | \$ | |
| TOTAL ASSETS: | \$ | \$ | GRAND TOTAL \$ |

| OTHER ASSETS: Vehicles, Boats, and similar | | | |
|--|------|------|-------|
| Type | Year | Make | Model |
| Vehicle 1 | | | |
| Vehicle 2 | | | |
| Boat/RV | | | |
| Trailer/Camper | | | |
| Other | | | |

5. ELECTION OF DEFERRAL AMOUNT

If eligible for deferral, do you elect to defer 100% of your 2023-24 real estate? YES _____ NO _____
 If **NO**, indicate the percentage of your real estate tax you elect to defer . _____%
IMPORTANT! You will be billed and must pay the balance of the 2023-24 tax that you elect not to defer.

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 real estate tax **deferral** and certify the foregoing statements are true and correct to the best of my knowledge and belief. I understand any person falsely requesting tax deferral 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, or ownership of the property.

I understand if I am eligible, my real estate tax for 2023-24 will be **deferred** and the accumulated amount of taxes deferred shall be paid to the city treasurer immediately upon the sale or transfer of title of the dwelling or shall be paid from the estate of the decedent within one (1) year after the death of the last owner who qualified for tax deferral.

Applicant's Signature

Date

City/County of _____
Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me this ____ day of _____, 2023

by _____ in the city/county and state aforesaid.

(name of applicant)

Notary Public _____

Notary Registration # _____

SEAL (required)

My Commission Expires _____