

City of Manassas Park
Commissioner of the Revenue
One Park Center Court
Manassas Park, VA 20111-2395

Date Received

FISCAL TAX YEAR 2013

APPLICATION FOR ALL OR PARTIAL EXEMPTION OF RESIDENCE FROM REAL ESTATE TAXATION FOR QUALIFYING PERSONS AGE SIXTY-FIVE OR OLDER OR PERMANENTLY AND TOTALLY DISABLED. (HOUSES IN THE NAME OF A TRUST MUST PROVIDE A COMPLETE COPY OF THE TRUST IN THE FIRST YEAR THAT YOU APPLY)

INSTRUCTIONS TO APPLICANT:

THE INFORMATION REQUIRED ON THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY AND RETURNED TO THE OFFICE OF THE COMMISSIONER OF THE REVENUE. THE APPLICATION MUST BE FILLED OUT AND RETURNED BY **APRIL 1 EACH YEAR**. QUESTIONS THAT CANNOT BE ANSWERED WITHIN THE SPACE PROVIDED CAN BE ANSWERED BY ATTACHING ADDITIONAL SHEETS TO THIS APPLICATION. THE EXEMPTION IS GRANTED ON A **FISCAL YEAR BASIS** AND A NEW APPLICATION MUST BE FILED EACH YEAR. **ALL INFORMATION ON THIS APPLICATION IS CONFIDENTIAL**. FOR ADDITIONAL INFORMATION CALL 335-8827.

APPLICANT _____
(PROPERTY OWNER) LAST NAME FIRST MIDDLE
BIRTHDATE _____ SOCIAL SECURITY NUMBER _____
MO. DAY YEAR

SPOUSE _____
(OR CO-OWNER) LAST NAME FIRST MIDDLE
BIRTHDATE _____ SOCIAL SECURITY NUMBER _____
MO. DAY YEAR

TELEPHONE NUMBER WHERE APPLICANT OR SPOUSE MAY BE REACHED: _____

RESIDENCE ADDRESS _____
NUMBER STREET

Application is for: age 65 or over
 permanently and totally disabled (certification must be included for 1st time applicants)

EMERGENCY CONTACT PERSON _____
NAME PHONE NUMBER

STREET ADDRESS CITY STATE ZIP

RESIDENCE INFORMATION: (AS SHOWN ON TAX BILL)

1. IS THIS RESIDENCE OCCUPIED BY THE APPLICANT AS THE SOLE DWELLING?

Yes No

2. DO YOU OWN ANY PROPERTY OUTSIDE OF MANASSAS PARK, VIRGINIA?

Yes No

IF YES, WHERE IS PROPERTY LOCATED AND WHAT IS ITS FAIR MARKET VALUE?

IS THE APPLICANT OWNER? Yes No PARTIAL OWNER? Yes No

IF PARTIAL OWNER, EXPLAIN HOW THE OWNERSHIP IS LEGALLY HELD AND THE PROPORTION OF THE APPLICANT'S INTEREST.

3. LIST THE NAME, RELATIONSHIP (If any), AGE AND SOCIAL SECURITY NUMBER OF ALL PERSONS WHO OCCUPY THE RESIDENCE.

NAME	RELATIONSHIP	AGE	SOCIAL SECURITY NUMBER
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PLEASE COMPLETE THIS GROSS STATEMENT FORM FOR THE CALENDAR YEAR 2011. INCLUDED IN THIS STATEMENT SHOULD BE THE TOTAL GROSS INCOME FROM ALL SOURCES OF THE APPLICANT AND ALL PERSONS LIVING IN THE RESIDENCE.

List Annual totals	Applicant	Spouse	Relative(s) Living In Residence	
GROSS EARNINGS				
PENSIONS				
SSA-1099 annual total				
INTEREST				
DIVIDENDS				
RENT (Received)				
WELFARE (INCLUDE FOOD STAMPS)				
GIFTS				
CAPITAL GAINS				
OTHER SOURCES				
TOTALS				

Total combined gross income of the applicant, spouse, and all relatives. \$ _____

Please complete this statement of net financial worth as of December 31. Net financial worth is computed by subtracting liabilities from assets. Included in this statement must be the net financial worth, including equitable interest of the applicant and spouse. Exclude the value of the applicant's Manassas Park residence and up to one (1) acre of land upon which the residence is located.

Net Financial Worth

	Applicant	Spouse
PERSONAL PROPERTY		
REAL ESTATE (Other than your home)		
SAVINGS ACCOUNT(S)		
CHECKING ACCOUNT(S)		
STOCKS		
BONDS		
OTHER ASSETS (IRA'S, CD's, ETC.)		
SUBTOTALS		
LIABILITIES (List if your subtotal is over 100K)		
TOTALS		

Total combined net financial worth of the applicant and spouse. \$ _____

AFFIDAVIT

I/WE _____

ON MY/OUR OATH, STATE THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE 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 HAVE THE EFFECT OF EXCEEDING OR VIOLATING THE LIMITATIONS AND CONDITIONS PROVIDED BY SECTION 22, CODE OF THE CITY OF MANASSAS PARK, SHALL NULLIFY ANY EXEMPTION FOR THE CURRENT TAXABLE YEAR AND THE YEAR IMMEDIATELY FOLLOWING.

I UNDERSTAND THAT MY PROPERTY WILL BECOME TAXABLE UPON TRANSFER OF THE DEED OR MY DEATH.

I HAVE READ THE FOREGOING AFFIDAVIT AND SWEAR THAT ITS CONTENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE

SPOUSE'S SIGNATURE