Desiree M. Baltimore, Manager, Tax Relief Program
Department of Tax Administration
703-222-8234
taxrelief@fairfaxcounty.gov
TTY: 703-222-7594

APPLICATION FOR TAX RELIEF
COUNTY OF FAIRFAX
DEPARTMENT OF TAX ADMINISTRATION (DTA)
SUITE 223
12000 GOVERNMENT CENTER PARKWAY
FAIRFAX, VIRGINIA 22035-0032

www.fairfaxcounty.gov/dta
703-222-8234
Fax: 703-802-7595

Dear Fairfax County Resident:

Please review all requested information carefully before you complete this application. Except as noted on the form, all information must be provided along with documentation to support each entry. If you file Federal and State Income Taxes, please include a complete signed copy of the 2010 return with your application. Failure to submit all documentation or to complete this application in its entirety will disqualify you from tax relief for 2011. Given the later deadline for income taxes, please call DTA to discuss document extensions that may be necessary.

The age, income, and asset limitations for each tax relief program are listed on page 2.

If you or your spouse are applying for tax relief for the first time as permanently and totally disabled, certification and date disability began must be provided by at least one of the following:

1) Veterans Administration or Railroad Retirement Board.
2) Affidavit signed by two doctors who are either licensed to practice medicine in Virginia, or are military officers on active duty who practice medicine with the United States Armed Forces.
3) Certification by the Social Security Administration. **PLEASE NOTE**: Certification by the Social Security Administration will only be valid for the period the person certified remains eligible for such social security benefits.

* **FILE THIS APPLICATION NO LATER THAN APRIL 1, 2011.** This date may be extended to December 31 of the year following the year the application is due if the applicant is applying for relief for the first time or if hardship conditions exist which through no fault of the applicant prohibit applying by April 1 and if proper application is otherwise made.
* Applicants must be County residents.
* Proof of income and assets must be furnished with application.

GENERAL INFORMATION 2011

* The applicant must be at least 65 years of age, or permanently and totally disabled. Applicants who turn 65 or become permanently and totally disabled during the year of application may also qualify for tax relief on a prorated basis.

* Disabled applicants may exclude the first $7,500 of the owner's income.

FOR REAL ESTATE TAX EXEMPTION:

* If the dwelling is jointly owned by an applicant and spouse, either the applicant or the spouse must be at least 65 years of age or older or permanently and totally disabled.
* The property must be owned by, and occupied as the sole dwelling of the applicant(s).
* The gross income from all sources of the owner(s) of the dwelling and any relatives of the owner(s) who reside in the dwelling may not exceed $72,000.

Income limitations and percentage of relief

Gross Income	Amount of Tax Relief
$52,000 or less	100%
$52,001 - 62,000	50%
$62,001 - 72,000	25%

* Up to $6,500 of a relative's income may be excluded if the relative (other than the spouse) resides in the applicant's dwelling.
* The total net assets of the applicant and of his/her spouse who reside in the applicant's dwelling may not exceed $340,000. (The value of the dwelling and up to one acre of land where it is situated is excluded.)
* When the property is jointly owned and the co-owner is deceased, a certified copy of the death certificate is required.

PERSONAL PROPERTY TAX RELIEF:

* The gross income of the owners of the vehicle may not exceed $22,000.
* The net financial worth of the applicant and his/her spouse who reside in the applicant's dwelling may not exceed $75,000.
* Personal property tax relief may be granted on only one vehicle per household.
* Personal property tax relief on mobile homes applies only to those homes used as a residence.

RENTAL GRANTS:

* Gross income from all sources of the persons residing in the dwelling may not exceed $22,000.
* Up to $6,500 of a relative's income may be excluded if the relative (other than the spouse) resides in the applicant's dwelling.
* Assets of the applicant and his/her spouse who reside in the applicant's dwelling may not exceed $75,000.
* Rental Grant applicants must pay 30% or more of their gross income toward their rent.

2011

BE SURE TO COMPLETE EACH OF THE FOUR PARTS BELOW DEPENDING ON THE TYPE OF RELIEF YOU ARE SEEKING

DATE RECEIVED: _____

PART 1 COMPLETE FOR ALL PERSONS RESIDING IN THE DWELLING

	NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER *
1		APPLICANT		
2		SPOUSE		
3				
4				
5	NAME AND PHONE # OF PERSON TO CONTACT IF FURTHER INFORMATION IS REQUIRED:			

PART 2 COMPLETE FOR REAL ESTATE TAX RELIEF

6	ADDRESS:
7	HOME PHONE: e-mail, if any:
8	MAP REFERENCE NUMBER: DISTRICT: TOTAL ACREAGE: SQUARE FOOT:
9	RESIDENCE OCCUPIED BY APPLICANT AS A SOLE DWELLING? YES _____ NO _____ **NOTE**: IF THE RESIDENCE IS OWNED WITH PERSONS OTHER THAN THE APPLICANT OR SPOUSE, ENTER THE APPLICANT'S PERCENTAGE OF OWNERSHIP: _____%

PART 3 COMPLETE FOR RENTAL GRANT ONLY

YOU MUST INCLUDE COPIES OF RENTAL RECEIPTS OR CANCELED CHECKS FROM 2010

10	CURRENT ADDRESS: TOTAL RENT PAID IN 2010: $:
11	HOME PHONE: e-mail, if any:
12	DID YOU LIVE AT THE ABOVE ADDRESS FOR ALL OF 2010? YES ____ NO ____
13	IF YOU CHECKED "NO", LIST PREVIOUS ADDRESS: LIST TOTAL AMOUNT OF RENT PAID IN 2010 FOR THIS ADDRESS: $

THE AMOUNT OF THE GRANT IS BASED ON THE RENT PAID IN EXCESS OF 30% OF THE COMBINED INCOME

PART 4 COMPLETE FOR PERSONAL PROPERTY TAX RELIEF

IDENTIFY PROPERTY FOR WHICH RELIEF IS SOUGHT

14	OWNER: ADDRESS:
15	HOME PHONE: e-mail, if any:
16	VEHICLE INFORMATION: YEAR: MAKE:
17	MOBILE HOME INFORMATION: YEAR: MAKE:

THREE PARTS. BE SURE TO COMPLETE ALL PARTS THAT APPLY.

GROSS INCOME FROM JANUARY 1, 2010 - DECEMBER 31, 2010
PROOF OF HOUSEHOLD INCOME MUST BE FURNISHED

PART 1	**COMPLETE FOR APPLICANT AND SPOUSE ONLY**		
		APPLICANT	**SPOUSE**
1	WAGES, TIPS, SALARY		
2	SOCIAL SECURITY INCOME		
3	INTEREST INCOME		
4	DIVIDEND INCOME		
5	PENSION / ANNUITY / IRA / 401-K		
6	GROSS RENTS RECEIVED		
7	ALIMONY		
8	OTHER INCOME – SPECIFY		
9	LESS DISABILITY EXCLUSION (SEE PAGE 2)		
10	TOTAL INCOME (LINES 1 THRU 9)		
PART 2	**COMPLETE FOR OTHER OWNERS RESIDING IN THE HOME**		
11	WAGES, TIPS, SALARY		
12	SOCIAL SECURITY INCOME		
13	INTEREST INCOME		
14	DIVIDEND INCOME		
15	ALIMONY		
16	OTHER INCOME – SPECIFY		
17	LESS DISABILITY EXCLUSION (SEE PAGE 2)		
18	TOTAL INCOME OTHER OWNERS (LINES 11 THRU 17)		
PART 3	**COMPLETE FOR ALL OTHER RELATIVES RESIDING IN THE HOME**		
19	WAGES, TIPS, SALARY		
20	SOCIAL SECURITY INCOME		
21	INTEREST INCOME		
22	DIVIDEND INCOME		
23	ALIMONY		
24	OTHER INCOME - SPECIFY		
25	LESS INCOME EXCLUSION (SEE PAGE 2)	< $6500 >	< $6500 >
26	TOTAL INCOME FOR RELATIVES (LINES 19 THRU 25)		
27	TOTAL INCOME (ADD LINES 10 + 18 + 26)		
28	TOTAL COMBINED INCOME (ADD LINE 27, BOTH COLUMNS) $		

FOUR PARTS. BE SURE TO COMPLETE ALL PARTS THAT APPLY.

ASSET INFORMATION AS OF DECEMBER 31, 2010 - PROOF OF ASSETS MUST BE FURNISHED

PART 1	LIST REAL ESTATE OTHER THAN RESIDENCE	
1	ADDRESS	MARKET VALUE
2	ADDRESS	MARKET VALUE

PART 2	LIST PERSONAL PROPERTY ONLY INCLUDE MOTOR VEHICLES, BOATS, and TRAILERS. DO NOT LIST HOUSEHOLD FURNISHINGS	
3	YEAR MAKE MODEL	2010 ASSESSED VALUE
4	YEAR MAKE MODEL	

PART 3	LIST CASH VALUE OF OTHER ASSETS YOU MUST ITEMIZE ALL STOCKS AND BONDS - ATTACH SEPARATE LISTING		
		APPLICANT	SPOUSE
5	SAVINGS ACCOUNTS		
6	CERTIFICATES OF DEPOSIT		
7	CHECKING ACCOUNT		
8	STOCKS AND BONDS (ATTACH SEPARATE LIST)		
9	MORTGAGE OR TRUST PAYABLE TO APPLICANT		
10	CASH VALUE OF ANNUITY		
11	OTHER NOTES OR ACCOUNTS PAYABLE TO APPLICANT		
12	INDIVIDUAL RETIREMENT ACCOUNTS - 401 K ; ETC		
13	VALUE OF EXCESS ACREAGE (FOR OFFICE USE ONLY)		
14	TOTAL COMBINED ASSETS (Add parts 1 + 2 + 3)		

PART 4	FOR LIABILITIES ONLY DO NOT COMPLETE THIS PART UNLESS ASSETS EXCEED LIMITS (REAL ESTATE TAX RELIEF $340,000. PERSONAL PROPERTY AND RENT RELIEF $75,000)		
15	DEBTS PAYABLE – IDENTIFY		
16	MORTGAGES OTHER THAN RESIDENCE		
17	TOTAL LIABILITIES (ADD LINES 15 AND 16)		
18	NET ASSETS (SUBTRACT LINE 17 FROM LINE 14)	$	

If the ownership of the real property is not held solely by the applicant or jointly with the applicant's spouse, the amount of the tax exemption shall be in proportion to the applicant's ownership interest in the real property. If you purchase any property during 2011 and think you may otherwise qualify for tax relief, call 703-222-8234 for more information, TTY: 703-222-7594. This application is subject to audit for up to three years after the year filed. Any corrections will be made by the County during this period, which can change exemption amounts for prior years.

RETAIN ALL PERTINENT RECORDS.

Our goal is to provide courteous and professional service to all Tax Relief applicants. Although we must obtain a considerable amount of detailed information, we are trying to keep our application form as clear and simple as possible. We appreciate receiving your comments or suggestions in order to better serve you in the future. We value your opinion!

Kevin C. Greenlief, Director
Department of Tax Administration

Desiree M. Baltimore, Manager
Tax Relief Program, DTA

ATTACH A COPY OF SUPPORTING DOCUMENTATION OF ALL INCOME AND ASSETS REFERENCED ON YOUR APPLICATION WITH END OF YEAR STATEMENTS AS OF 12-31-10. APPLICATIONS MUST BE FILED EVERY YEAR. APPLICATIONS NOT HAVING SUPPORTING DOCUMENTATION WILL BE DENIED. PLEASE SEND COPIES OF ALL DOCUMENTATION. DTA HOLDS ALL TAX RELIEF DOCUMENTATION TO BE STRICTLY CONFIDENTIAL IN ACCORDANCE WITH STATE LAW. PLEASE CALL TO DISCUSS INCOME TAX DOCUMENT EXTENSIONS THAT MAY BE NECESSARY.

AFFIDAVIT

COMES NOW _____ OF LEGAL AGE, HAVING FIRST SWORN AND ON MY 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 CHAPTER 4, ARTICLE 14, 15, AND 16, CODE OF THE COUNTY OF FAIRFAX, AMENDED, SHALL NULLIFY AN EXEMPTION FOR THE CURRENT TAXABLE YEAR, AND THE TAXABLE YEAR IMMEDIATELY FOLLOWING.

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

_____ _____

APPLICANT'S SIGNATURE DATE

* **Privacy Act Notice**: Disclosure of your Social Security Number, ***if any***, on this form is mandatory. The County Department of Tax Administration is requesting this number in accordance with the authority provided by ***Virginia Code Section 58.1-3017 and 42 U.S.C. Section 405***. Social Security Numbers are used as a means of identification for the filing, retrieval and processing of local tax relief applications. Those numbers are also used where necessary to facilitate tax collection and to provide tax refunds to taxpayers. Social Security Account Numbers are regarded as confidential tax information, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose. ***If you do not disclose a Social Security Number, you may encounter delays in the processing of your tax relief applications and refunds; and you may not receive renewal notices for your tax relief applications.***