



# REAL ESTATE ASSESSMENT APPEAL APPLICATION

**Fairfax County**  
**Department Of Tax Administration**  
**Real Estate Division**  
 12000 Government Center Parkway  
 Suite 223  
 Fairfax, Virginia 22035  
**Telephone:** (703) 222-8234. TTY: (703) 222-7594  
**E-mail:** dtared@fairfaxcounty.gov  
**Internet:** http://www.fairfaxcounty.gov/dta

| Tax Map Reference Number |
|--------------------------|
| _____                    |

|   |               |
|---|---------------|
| <b>DTA USE ONLY</b>                             | NBHD #: _____ |
| Appeal Number: _____                            |               |
| Assigned to Appr: ____ Date Due: ____/____/____ |               |

..... **APPEAL DEADLINE IS APRIL 6<sup>th</sup>** .....

*Appeals received after the deadline will not be processed until the coming year's assessment review is complete*

### PROPERTY INFORMATION:

|                                   |                    |        |
|-----------------------------------|--------------------|--------|
| Property Street Address:          |                    |        |
| Property Location (City):         | Property Zip Code: |        |
| Building Name (if any):           |                    |        |
| Name of owner (s) on January 1st: |                    |        |
| Assessment Notice Values: Land:   | Building:          | Total: |

### BASIS FOR APPEAL (you must select at least one):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | <b>FAIR MARKET VALUE:</b> This property is assessed greater or less than its Fair Market Value.   |
| <input type="checkbox"/> | <b>LACK OF UNIFORMITY:</b> This property assessment is out of line generally with similar properties.   |
| <input type="checkbox"/> | <b>ERRORS IN PROPERTY DESCRIPTION:</b> Assessment is based upon inaccurate information concerning this property, such as lot size, square footage, condition of property, flood plain, topography, zoning, etc. |

### OWNER/APPLICANT INFORMATION (must be completed by all owners or applicants)

|  |   |   |
|--|---|---|
| I believe the proper assessment of this property on January 1, _____ should be:  |   |   |
| Land:  | Building:   | Total:  |
| I hereby certify that the facts contained herein and attached hereto are true, accurate, and correct, to the best of my knowledge and belief.  |   |   |
| Given under my hand this _____ day of _____, 20__  |   |   |
| Signature of Applicant/Owner: _____  |   |   |
| Print name of Applicant/Owner : _____  |   |   |
| Phone: Work ( ) _____ Home ( ) _____ E-Mail _____  |   |   |
| Applicant/Owner Mailing Address (if different from property address): _____  |   |   |
| <b>CHECK ONE:</b>  | <input type="checkbox"/> I AM THE OWNER OF RECORD | <input type="checkbox"/> I AM NOT THE OWNER OF RECORD |
| Relation to property owner: (Attorney, Tax Rep., etc.): _____  |   |   |
| <b>IF THE APPLICANT IS NOT THE OWNER OF RECORD</b> of the subject property, <b>the application must include a Letter of Authorization from the owner.</b> Such authorization must be signed by the owner prior to the date of application and either written on the owner's letterhead or notarized. For income producing properties, a completed copy of the Fairfax County Department of Tax Administration annual income/expense survey, as submitted to Fairfax County for the two most recent calendar years, along with the current rent rolls, <b>must be included with this application.</b> |   |   |

| <b>SUBJECT PROPERTY:</b>                                    |   |
|---|---|
| Year Built:   | Total number of fireplaces (incl bsmt):         |
| Year house remodeled & cost:                                | Central air conditioning (yes or no):           |
| Year kitchen remodeled & cost:                              | Number of bedrooms in basement:                 |
| Year bath/baths remodeled & cost:                           | Number of dens in basement:                     |
| Total number of rooms – condos only (incl bsmt):            | Size of basement rec room (square feet):        |
| Total number of bedrooms:                                   | Second kitchen (yes or no):                     |
| Total number of full bathrooms w/tub or shower (incl bsmt): | Elevator (yes or no):                           |
| Total number of half bathrooms (incl bsmt):                 | Utilities (circle): Water Sewer Gas Septic Well |

| <b>SALE INFORMATION:</b>   |
|--|
| Most recent sale date and price:   |
| Has the subject been listed for sale in the last 3 years (yes or no - provide dates & prices):   |
| Has the subject been professionally appraised in the last 3 years (list appraised value & date): |

**COMPARABLE PROPERTIES (attach additional comparables if more than 3 are required):**  
 Provide information below relating to properties whose characteristics, assessments, or sales prices support your claim. Sales must have been finalized on or before the first day of January of the year in which you appeal.

| <b>COMPARABLE #1:</b>  |              |                   |             |
|--|--------------|-------------------|-------------|
| Map Reference #:   |              | Property Address: |             |
| Assessed Value: Land:  | Improvement: | Total:            |             |
| Sale Date:   | Sale Price:  | Land Area:        | Zoning:     |
| Year Built:  | # Stories:   | Style:            | Model Name: |
| State how this property supports your appeal (sale price, uniformity, etc.): |              |                   |             |

| <b>COMPARABLE #2:</b>  |              |                   |             |
|--|--------------|-------------------|-------------|
| Map Reference #:   |              | Property Address: |             |
| Assessed Value: Land:  | Improvement: | Total:            |             |
| Sale Date:   | Sale Price:  | Land Area:        | Zoning:     |
| Year Built:  | # Stories:   | Style:            | Model Name: |
| State how this property supports your appeal (sale price, uniformity, etc.): |              |                   |             |

| <b>COMPARABLE #3:</b>  |              |                   |             |
|--|--------------|-------------------|-------------|
| Map Reference #:   |              | Property Address: |             |
| Assessed Value: Land:  | Improvement: | Total:            |             |
| Sale Date:   | Sale Price:  | Land Area:        | Zoning:     |
| Year Built:  | # Stories:   | Style:            | Model Name: |
| State how this property supports your appeal (sale price, uniformity, etc.): |              |                   |             |

| <b>APPLICANT REMARKS (attach additional pages if more space is required):</b> |
|---|
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The assessment of all properties reviewed as a result of this appeal may be **affirmed or adjusted upward or downward** to establish a fair and equitable assessment of the property. You will be provided with written notification of the results of the review.

**HOW TO RECEIVE ASSISTANCE:**

- Assessment and sales information is available for your research from four sources:
- 1) By visiting the Internet assessment information site at: <http://www.fairfaxcounty.gov/dta/re>.
  - 2) By the Automated Information System at (703) 222-6740 Monday through Saturday from 7 a.m. to 7 p.m.
  - 3) By telephone at (703) 222-8234 Monday through Friday between 8:00 a.m. and 4:30 p.m.
  - 4) Real Property Public Information Counter, Fairfax County Government Center, Suite 357, 12000 Government Center Parkway, Fairfax, Virginia 22035.