

2020 FAIRFAX COUNTY TAX RELIEF APPLICATION FOR SENIORS AND PEOPLE WITH DISABILITIES

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. Failure to submit all documentation or to complete this application in its entirety will disqualify you from tax relief for the 2020 tax year.

GENERAL INFORMATION

Tax relief is granted on an annual basis and a renewal application must be filed each year. The applicant must be a resident of Fairfax County and be at least 65 years of age, or permanently and totally disabled to apply. Current tax relief recipients will receive a renewal application form in the mail.

If you are required to file Federal and State Income Taxes, you must include a signed copy of the 2019 return(s) and supporting schedules with your application.

THIS APPLICATION MUST BE FILED NO LATER THAN APRIL 1, 2020*.

A letter confirming receipt of your application will be mailed within four weeks of submission. *Given the later deadline for income taxes, please call us to discuss document extensions that may be necessary. If filing for the first time or if hardship conditions exist which, through no fault of the applicant, prohibit applying by April 1, 2020, the due date may be extended to December 31.

Please mail completed applications to:

Department of Tax Administration (DTA)

Attn: Tax Relief Section

12000 Government Center Pkwy., Ste. 225.5

Fairfax, Virginia 22035-0032

Fax: 703-802-7595

Contact the Tax Relief Section for assistance:

Phone: 703-222-8234 (TTY 711)

Email: Taxrelief@fairfaxcounty.gov

Walk-in: Fairfax County Government Center

12000 Government Center Pkwy., Ste. 225.5

Fairfax, Virginia 22035

Hours: Monday – Friday, 8 a.m. – 4:30 p.m.

Permanently and Totally Disabled Applicants and Relatives

First-time applicants applying as permanently and totally disabled and for whom it may apply, any relative(s) residing in the dwelling who are permanently and totally disabled must provide certification and the date the disability began from one of the following:

- Veterans Administration or Railroad Retirement Board.
- Affidavit signed by two separate 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.
- Certification by the Social Security Administration, which states the date the applicant or relatives were deemed disabled. (SSA Notice of Award)
 - PLEASE NOTE: Certification by the SSA will only be valid for the period the person certified remains eligible for such social security benefits.

REAL ESTATE TAX EXEMPTION:

- The applicant must be at least 65 years of age, or permanently and totally disabled as of December 31, 2019. Applicants who turn 65 or become certified as permanently and totally disabled during calendar year 2020 may also qualify for tax relief on a prorated basis.
- If the dwelling is jointly owned, only one applicant is required to be at least 65 years of age or permanently and totally disabled. The amount of the tax exemption shall be in proportion to the applicant's ownership interest in the real property.
- The property for which exemption is sought must be owned by, and occupied year-round as the sole dwelling of the applicant(s).
- The 2019 gross income from all sources, within and outside the United States, of the owner(s) of the dwelling <u>and</u> any relatives of the owner(s) residing in the dwelling may not exceed \$72,000.

Gross Income Limitations	<u>and Percentage of Relief</u>
\$52,000 or less	100%
\$52,001 - 62,000	50%
\$62,001 - 72,000	25%

- Permanently and totally disabled applicants shall exclude the first \$7,500 of their income.
- Relatives, other than the spouse, residing in the dwelling shall exclude the first \$6,500 of his/her income, should his/her income equal or exceed \$6,500. Permanently and totally disabled relatives must furnish the necessary disability documentation listed on page one to have his/her disability income excluded.
- The net financial worth of the applicant and his/her spouse may not exceed \$340,000, excluding
 the value of the home, its furnishings, and up to one acre of the land it occupies.
- If a co-owner is deceased, a certified copy of the death certificate is required.

PERSONAL PROPERTY (VEHICLE) TAX RELIEF:

- Applicant must be at least 65 years of age or permanently and totally disabled on or before January 1, 2020 and must be the registered owner of the vehicle.
- Any co-owners of the vehicle, except the applicant's spouse, must be at least 65 years of age or permanently and totally disabled.
- The gross income of the owners of the vehicle may not exceed \$22,000 and the gross income of any person who is permanently and totally disabled shall not exceed \$29,500.
- Income is defined as gross income from all sources of the preceding year for the owner(s) of the vehicle and his/her spouse, irrespective of how the vehicle is titled.
- The net financial worth of the applicant and his/her spouse may not exceed \$75,000.
- Personal property tax relief may be granted on only one vehicle per household that is owned and registered with the County as of January 1, of the application year. Leased vehicles do not qualify.

TAX RELIEF FOR RENTERS:

- Applicant must be at least 65 years of age or permanently and totally disabled as of December 31, of the grant year.
- Gross income from all sources of the applicant and any relatives residing in the dwelling may not exceed \$22,000.
- Permanently and totally disabled applicants shall exclude the first \$7,500 of their income.
- Relatives, other than the spouse, residing in the dwelling shall exclude the first \$6,500 of his/her income, should his/her income equal or exceed \$6,500.
- The net financial worth of the applicant and his/her spouse who reside in the dwelling may not exceed \$75,000.
- To receive relief, applicants must pay 30% or more of their gross income toward his/her rent. This
 amount may be prorated based upon the length of residence in the county during the application
 year.
- Applicants residing in and owning a mobile home located on land for which rent is paid may be granted either rent relief on the land or personal property relief.
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2020

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

DATE RECEIVED:

PA	PART 1 COMPLETE FOR ALL PERSONS RESIDING IN THE DWELLING					
	Name	Relatior Appl	•	Birth Date MM/DD/YYYY	Social Security Number	
1		Appl	icant			
2		Spo	use			
3						
4						
5	Name and phone number of person(s) to contact if further information is required:					
PA	RT 2 COMPLETE FOR R	EAL ESTATI	ETAXRE	LIEF		
6	Address:					
7	Home Phone: Email, if any:					
8	Map Reference Number: Total Acreage:					
	Is residence owned and occupied by applicant year-round as a sole dwelling? Yes No					
9	Do you have a mortgage on this home? Yes No If yes, what is the monthly payment?					
	Do you have a reverse mortgage on this home? Yes No					
PART 3 COMPLETE FOR TAX RELIEF FOR RENTERS YOU MUST INCLUDE A COPY OF YOUR LEASE AGREEMENT AND PROOF OF RENT PAID IN 2019						
7	THE AMOUNT OF THE GRANT IS BASED ON THE Current Address:	E RENT PAID IN	_			
10	Current Address.		\$	nt paid for this a	uuless III 2019.	
11	Home Phone: Email, if any:					
12	Did you reside at the above address for all of calendar year 2019? Yes No			No 🗌		
13	If "No", list previous address:		Total rer	nt paid for this ac	ddress in 2019:	
PART 4 COMPLETE FOR PERSONAL PROPERTY (VEHICLE) TAX RELIEF IDENTIFY PROPERTY FOR WHICH RELIEF IS SOUGHT						
14	Owner:	Address:				
15	Home Phone:	Email, if any:				
16	Vehicle/Mobile Home Information Yea	r:	Make:			

FILL OUT THE PARTS BELOW TO THE BEST OF YOUR KNOWLEDGE AND INCLUDE THE DOCUMENTATION REQUIRED FROM JANUARY 1, 2019 - DECEMBER 31, 2019

COMPLETE ALL PARTS FOR APPLICANT AND SPOUSEONLY

PART 1

	2019 Gross Income	Documentation Required	Applicant	Spouse
1	Wages, Salary, Commissions	(W-2, 1099)	71000111	Operation
2	Social Security Benefits	(1099-SSA)		
3	Railroad Retirement Benefits	(1099-RRB)		
4	Veterans Benefits	(V.A. Benefit Letter)		
5	Business Income	(Complete Federal Return)		
6	Interest & Dividend Income	(1099-INT/OID) & (1099-DIV)		
7	SSI & Other Public Assistance	(Proof of Benefits)		
8	Trust Income	(Complete Federal Return)		
9	Pension and Annuity	(1099-R)		
10	All IRA Distributions	(1099-R)		
11	Gross Rents Received	(Complete Federal Return)		
12	Alimony/Child Support	(Proof of Funds Received)		
13	Capital Gains	(Complete Federal Return)		
14	Monetary Gifts & Other Income –	Specify:		
15	Less Disability Exclusion (See p	page 2)		
16	Total Gross Income Part 1 (Ad	dd lines 1 through 15)		
PA	RT 2 COMPLETE FOR OTHE	R OWNERS & RELATIVE	S RESIDING IN	THE HOME
Documentation			Owner or	Owner or
47	2019 Gross Income	Required	Relative 1	Relative 2
17	Wages, Salary, Commissions	Required (W-2, 1099)		
18	Wages, Salary, Commissions Social Security Benefits	Required (W-2, 1099) (1099-SSA)		
18 19	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits	Required (W-2, 1099) (1099-SSA) (1099-RRB)		
18 19 20	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter)		
18 19 20 21	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return)		
18 19 20 21 22	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV)		
18 19 20 21 22 23	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits)		
18 19 20 21 22 23 24	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return)		
18 19 20 21 22 23 24 25	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income Pension and Annuity	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return) (1099-R)		
18 19 20 21 22 23 24 25 26	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income Pension and Annuity All IRA Distributions	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return) (1099-R) (1099-R)		
18 19 20 21 22 23 24 25 26 27	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income Pension and Annuity All IRA Distributions Gross Rents Received	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return) (1099-R) (1099-R) (Complete Federal Return)		
18 19 20 21 22 23 24 25 26 27 28	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income Pension and Annuity All IRA Distributions Gross Rents Received Alimony/Child Support	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return) (1099-R) (1099-R) (1099-R) (Complete Federal Return) (Proof of Funds Received)		
18 19 20 21 22 23 24 25 26 27 28	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income Pension and Annuity All IRA Distributions Gross Rents Received Alimony/Child Support Capital Gains	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return) (1099-R) (1099-R) (1099-R) (Complete Federal Return) (Proof of Funds Received) (Complete Federal Return)		
18 19 20 21 22 23 24 25 26 27 28 29 30	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income Pension and Annuity All IRA Distributions Gross Rents Received Alimony/Child Support Capital Gains Monetary Gifts & Other Income	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return) (1099-R) (1099-R) (1099-R) (Complete Federal Return) (Proof of Funds Received) (Complete Federal Return) - Specify:		
18 19 20 21 22 23 24 25 26 27 28 29 30 31	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income Pension and Annuity All IRA Distributions Gross Rents Received Alimony/Child Support Capital Gains Monetary Gifts & Other Income Less Income or Disability Exclusions	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return) (1099-R) (1099-R) (1099-R) (Complete Federal Return) (Proof of Funds Received) (Complete Federal Return) - Specify: sion (See page 2)		
18 19 20 21 22 23 24 25 26 27 28 29 30	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income Pension and Annuity All IRA Distributions Gross Rents Received Alimony/Child Support Capital Gains Monetary Gifts & Other Income Less Income or Disability Exclusions Total Gross Income Part 2 (Acceptable)	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return) (1099-R) (1099-R) (1099-R) (Complete Federal Return) (Proof of Funds Received) (Complete Federal Return) - Specify: sion (See page 2)		
18 19 20 21 22 23 24 25 26 27 28 29 30 31	Wages, Salary, Commissions Social Security Benefits Railroad Retirement Benefits Veterans Benefits Business Income Interest & Dividend Income SSI & Other Public Assistance Trust Income Pension and Annuity All IRA Distributions Gross Rents Received Alimony/Child Support Capital Gains Monetary Gifts & Other Income Less Income or Disability Exclusions	Required (W-2, 1099) (1099-SSA) (1099-RRB) (V.A. Benefit Letter) (Complete Federal Return) (1099-INT/OID) & (1099-DIV) (Proof of Benefits) (Complete Federal Return) (1099-R) (1099-R) (1099-R) (Complete Federal Return) (Proof of Funds Received) (Complete Federal Return) - Specify: sion (See page 2)		

BE SURE TO COMPLETE ALL PARTS THAT APPLY AND FURNISH PROOF OF ALL ASSETS

PART 1 LIST REAL ESTATE OTHER THAN RESIDENCE (INSIDE & OUTSIDE THE UNITED STATES)						
1	Address:			Market Value	:	
2					:	
PA	ART 2		NAL PROPERTY (EHICLES, BOATS, and T			
3	Year: Make		odel:	Assessed Value 2019:		
4	Year: Make		odel:	Assessed	Assessed	
PA	PART 3 LIST CASH VALUE OF OTHER ASSETS AS OF DECEMBER 31, 2019					
		Documentation Required	Applicant	Spouse	Other Owners Residing in the Home	
5	Savings Account(s)	Complete				
6	Certificate(s) of Deposit	Account Statements as of				
7	Checking Account(s)	12/31/2019				
8	Stocks (Attach list)	Complete				
9	Bonds (Attach list)	Financial Account Statements as of 12/31/2019				
10	Cash Value of Annuity					
11	Individual Retirement Account(s) (IRAs) Etc.					
12	Notes Payable	Copy of Note				
13	Equity/Net Worth of Business Owned	Balance sheet				
14	Trust	Copy of Trust				
15	All Foreign Assets	Value of Assets				
16	Total Assets (Add lines	1 through 15)				
PART 4 FOR LIABILITIES ONLY DO NOT COMPLETE THIS PART UNLESS ASSETS EXCEED LIMITS						
17	Debts Payable - Identif		AKT ONEEOO AOOET	O LXOLLD LIMITE		
18	Mortgages Other Than Residence					
19	Total Liabilities (Add lines 17 and 18)					
20						
21	Tatal Occal in a librar Accase		\$			
PA	PART 5 THIS SECTION FOR OFFICE USE ONLY					
22	Value of Excess Acrea	age				

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. Applicants will remain liable for all taxes until he/she is notified in writing by Fairfax County.

Retain all pertinent records.

Attach a copy of supporting documentation of all income and assets referenced on your application with end of year statements as of December 31, 2019. Applications not having supporting documentation will be denied. Department of Tax Administration holds all tax relief documentation to be strictly confidential in accordance with state law.

AFFIDAVIT

COMES NOW			OF LEGAL
AGE, HAVING FIRST SWORN	AND ON MY C	ATH STATE THE FOREGOING STATE	MENTS ARE
TRUE AND ACCURATE TO THE	HE BEST OF M	Y KNOWLEDGE AND BELIEF AND I UI	NDERSTAND
THAT ANY FACTORS OCCUR	RING DURING	THE TAXABLE YEAR FOR WHICH TH	IS AFFIDAVIT IS
FILED THAT HAVE THE EFFE	CT OF EXCEE	DING OR VIOLATING THE LIMITATION	IS AND
CONDITIONS PROVIDED BY	CHAPTER 4, A	RTICLE 14, 15, AND 16, CODE OF THE	COUNTY OF
FAIRFAX, AMENDED, SHALL	NULLIFY AN E	XEMPTION FOR THE CURRENT TAXA	BLE YEAR, AND
THE TAXABLE YEAR IMMEDIA	ATELY FOLLO	WING.	
I HAVE READ THE FOREGOIN BEST OF MY KNOWLEDGE A		AND SWEAR THAT ITS CONTENTS A	RE TRUE TO THI
APPLICANT SIGNATURE	DATE	SPOUSE/SECOND OWNER SIGNATURE (If living in the home)	DATE

If signing by Power of Attorney, P.O.A. must be furnished

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.*

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 to better serve you in the future.