

2017 REAL ESTATE ASSESSMENT APPEAL **APPLICATION**

Department Of Tax Administration (DTA) Fairfax County Real Estate Division 12000 Government Center Parkway, Suite 357 Fairfax, Virginia 22035

Telephone: 703-222-8234; TTY: 711 E-mail: http://iCare.fairfaxcounty.gov/ContactUs/ Internet: www.fairfaxcounty.gov/dta

Tax Map Reference Number

DTA USE ONLY NBHD #:

Appeal Number:

Assigned to Appr: ____ Date Due: __/__ /__

APPEAL DEADLINE IS APRIL 3

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

Address of Property Being Appealed:					
Property Location (City):		Property Zip Code:			
Building Name (if any):					
Name of owner (s) on Jan. 1, 2017:					
2017 Assessment Notice Values: Land:	Building:	Total:			

Under state law, financial impact and/or the rate of value change is not sufficient grounds for appeal. As required, the county's assessment is an estimate of fair market value as of Jan. 1, 2017. Appeals should be based on at least one of the three categories noted below. Check one or more for your appeal basis.

FAIR MARKET VALUE: This property is assessed greater or less than its Fair Market Value as indicated by a review of comparable properties (see reverse side of form).

LACK OF UNIFORMITY: This property assessment is out of line generally with similar properties (see reverse side of form).

ERRORS IN PROPERTY DESCRIPTION: Assessment is based upon inaccurate information concerning this property such as lot size, square footage, condition of property, flood plain, topography, zoning, etc. (List accurate property characteristic details on the reverse side of this form).

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

Based on this appeal information, I believe the proper assessment of this property as of Jan. 1, 2017 should be:					
Land:	Building:		Total:		
I hereby certify that the facts contained her true, accurate and correct to the best of my Given under my hand this day of Signature of Applicant/Owner: Print name of Applicant/Owner :	knowledge and belief. , 20	Letter of Author application, e letterhead. Two along with curre	the owner of record, application must include a ization from the owner, signed prior to date of either notarized or on owner's commercial o most recent annual income/expense surveys nt rent roll <u>must be submitted with appeals on income producing properties</u> .		
Phone: Day () Other () E-Mail Applicant/Owner Mailing Address (if different from property address):					
CHECK ONE: I AM TH	IE OWNER OF RECORD	I AM	NOT THE OWNER OF RECORD		

CONTINUED ON REVERSE SIDE

Physical Characteristics of Property Being Appealed (please verify all: "n/a" if not applicable):			
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		
Sale Information on Property Being Appealed			
Most recent sale date and price:			
Has the property under appeal been listed for sale in t	he last 3 years (yes or no - provide dates and prices):		

Has the property under appeal been professionally appraised in the last 3 years (list appraised value and date; **submitting a copy of the appraisal may help expedite the review**):

Comparable Properties (attach additional pages to submit more comparables or other comments):

Provide information below relating to properties with characteristics, assessments or sales prices that support your assessment appeal. Sales in 2016 can be considered for the 1/1/17 assessment; sales that occur in 2017 are not applicable until the Jan. 1, 2018 assessment. Assistance information is noted at the bottom of this page.

	Comparable #1	Comparable #2	Comparable #3
Property Address:			
Map Reference #:			
Land Assessed Value:			
Building Assessed Value:			
Total Assessed Value:			
Sale Date:			
Sale Price:			
Style:			
Model Name:			
Comments:			
(attach additional pages if necess	ary)		

You will receive a written response to your appeal (whether the assessment is affirmed, or if adjustments are made either up or down). You have a right to examine in our office the property appraisal cards; working papers used to derive the assessment of your property, if any; and, any available information regarding the methodology employed in the calculation of your property's assessment, to include a list of comparable properties or sales figures considered; the capitalization rate (for commercial properties); and, any other market surveys, formulas, matrices or other factors that may have been considered, if any. [Va. Code § 58.1-3331; subject to restrictions of Va. Code § 58.1-3]

How to receive assistance and research comparable properties:

- 1) Go online to <u>www.fairfaxcounty.gov/dta</u> (click on "Real Estate Tax" and "View My Property").
- 2) Call the Automated Information System 703-222-6740, TTY 711, Monday–Saturday from 7 a.m. to 7 p.m.
- 3) Call DTA staff at 703-222-8234, TTY 711 Monday through Friday between 8 a.m. and 4:30 p.m.
- 4) Visit the Department of Tax Administration, Real Estate Division at 12000 Government Center Parkway, Suite 357, Fairfax, VA 22035, between 8 a.m. and 4:30 p.m. Monday through Friday.