

email: realestate@pwcgov.org | fax (703) 792-4025

You must reapply every year. Applications MUST be filed by April 15, 2025

REQUIRED DOCUMENTATION

The following documentation must be included with this application and may be submitted to the Real Estate Assessments Office via mail, email or fax.

- A copy of the 2024 Federal Form 1040 for all applicants and any relatives occupying the residence.
- For totally and permanently disabled: a statement from the Veterans Administration, Social Security Administration or Railroad Retirement Board stating that the applicant's disability is **100%, total, and permanent**.

If you do not have one of the documents listed above, you will be asked to sign a medical release form, authorizing the Real Estate Assessments Office to contact two of your physicians to confirm your disability is total and permanent.

Permanently and totally disabled means unable to engage in any substantial gainful activity, by reason of any medically determinable physical or mental impairment or deformity, which can be expected to result in death or can be expected to last for the duration of the person's life.

- **After a preliminary review, you will be contacted by our Office to show government issued identification in person that includes the applicant's photograph and address (a VA-issued driver's license qualifies).**

TAX RELIEF INFORMATION

65 years or older

Totally and permanently disabled

Relief of real estate taxes

Relief of mobile home taxes

Relief of personal property tax and vehicle license fee

APPLICANT INFORMATION	
Applicant	Co-Applicant
Name	Name
Mailing Address	
City, State & ZIP	Relationship to Applicant
Birthdate	Birthdate
Social Security Number	Social Security Number
Phone Number	
Email address	

HOUSEHOLD INFORMATION

List the information of all persons related to the applicant who occupy the same residence.

Name	Relation	Age	SSN
Name	Relation	Age	SSN
Name	Relation	Age	SSN
Name	Relation	Age	SSN

PERSONAL PROPERTY INFORMATION

Complete this section if applying for relief from personal property tax and the vehicle license fee.

Year	Make	Title Number
Year	Make	Title Number

MOBILE HOME INFORMATION

Complete this section if applying for relief from mobile home taxes

Year	Make & Model	Title Number
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REAL ESTATE INFORMATION

Complete this section if applying for relief from real estate taxes

Address of Primary Residence

Is this residence occupied by the applicant as the sole dwelling?

Yes

No

Do you own any other homes?

Yes

No

If "Yes", please provide the address(es):

What is the property's estimated fair market value?

Please provide a copy of the property's most recent real estate assessment.

Is the Applicant?

Owner

Partial Owner

If partial ownership, explain how the ownership is legally held and the portion of applicant's interest.

NET FINANCIAL WORTH AS OF DECEMBER 31, 2024

Net financial worth is computed by subtracting liabilities from assets. Do not include the value of the house on which you are seeking relief or the mortgage against it.

NET VALUE OF ASSETS	APPLICANT	SPOUSE	TOTAL
Personal Property (vehicles)			
Savings Account(s)			
Checking Account(s)			
Stocks and Bonds			
IRA(s) and 401k(s)			
Other Real Estate			
Other Assets/CDs			
Total Assets			
Liabilities*			
Net Financial Worth			

*Liabilities do not include the mortgage on the house on which you are seeking relief, credit card debt or personal loans.

TOTAL INCOME FOR CALENDAR YEAR 2024

Include the total income from all sources of the applicant, spouse and all persons related to the applicant living in the residence. Capital gains are any gains from the sale of an asset whether or not it was taxable.

Total Income (Before deductions)	APPLICANT	SPOUSE	Relatives other than Spouse	TOTAL
Salaries & Wages				
Pensions				
All Social Security Income				
Disability Income				
Interest & Dividends				
Welfare & Gifts				
Capital Gains				
IRA Distributions				
Other Income				
Next Two Lines For Office Use Only				
Deduction				
Total Income				

AFFIDAVIT

Complete the following section.

I, _____ and _____
do swear or affirm that the statements and figures contained in this application are true, full, and correct to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which the affidavit is filed that will result in exceeding or violating the limitations and conditions provided by Chapter 26 of the Code of Prince William County, Virginia, shall disqualify me (us) for the current taxable year and the next taxable year.

Owner's Signature_____
Co-owner's Signature

OFFICE USE ONLY				
Over 65 or disabled confirmed?	Initials	Date		
Tax Return Reviewed?	Initials	Date		
NET WORTH				RE PP MH
TOTAL INCOME				
RPC/ ACREAGE	RPC	Acres		
NON-QUALIFYING AMOUNT:				
PP Year	PP Make	PP Title#		
PP Year	PP Make	PP Title#		
REVIEWED BY	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	Date	
FINAL REV.	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED	Date	