

MONTGOMERY COUNTY DEPARTMENT OF FINANCE DIVISION OF TREASURY 255 ROCKVILLE PIKE, SUITE L-15 ROCKVILLE, MARYLAND 20850

APPLICATION FOR SENIOR CITIZENS REAL PROPERTY TAX DEFERRAL PROGRAM TAX YEAR BEGINNING JULY 1, 2016

NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED AND MUST BE COMPLETED AND RE-SUBMITTED.

1. Last Name, First Name, Middle Initial	4. Full Name Spouse and/or Co-Owner living in the property						
2. Your Social Security Number	5. His/Her Social Security Number						
3. Your Birth Date	6. His/Her Birth Date						
7. Property Address (Number and Street)	8. City, Town or Po	9. Zip Code					
10. Mailing Address if different from above	11. City, Town or l	12. Zip Code					
13 . Marital Status: ☐ Single ☐ Married	l □ Separated □ Divo	rced Widowed	if so, date ()			
14. Parcel Number (located on tax bill)	15. Date you began residing	at this property	elephone Number				
17. You MUST list the name of every res claimed as a dependent for IRS purposes.	•	•					
Name	Relationship						
Name Relationship							
18. Report here the amount of reasonable none is paid, write NONE and then list th \$ per Week	e total gross income of si	uch residents in Iten	n 21, Column 3 (All Ot	thers)			
19. Is any portion of the property for whice (a) farming (b) business (c) a renta If yes, then circle which use (a,b)	al purpose?	☐ Yes		ntial purposes:			
20. a.) Total number of apartments in t		acant apartments					
b.) Amount of rent received during	previous year from tena	nts: Gross	Net				

20. SOURCES OF INCOME				
CALENDAR YEAR ENDING				
DECEMBER 31, 2015				
	(1)	(2)	(3)	
When a document is requested, please DO NOT send the original, send a copy.	APPLICANT	SPOUSE OR RESIDENT CO-OWNER	ALL OTHERS	OFFICE USE ONLY
If no Social Security, Railroad Retirement or other pension benefits were received, then you must enter zero (0) in the appropriate space.				
Wages, Salary, Tips, Commissions, Fees (Attach a copy of 2015 W-2)				
Interest (taxable and non-taxable)				
Dividends (taxable and non-taxable)				
Gross Capital Gains (Includes non-taxable gains)				
Rental Income (Net)				
Business Income (Net)				
Room & Board				
Unemployment Insurance and/or Workers' Compensation (Circle One)				
Alimony; Support Money; Public Assistance Grant (Circle One)				
Social Security (Attach copy of 2015 form SSA1099); SSI Benefits (<i>Circle which</i>)				
Railroad Retirement (Attach copy of 2015 RRB)				
Other Federal Pensions per year (Attach a copy of 2015 1099-R Not including VA Benefits)				
Veteran's Benefits per year (Attach a copy of 2015 1099-R)				
Pensions and Annuities (Attach a copy of 2015 1099-R -If a rollover attach proof of deposit)				
IRA Distributions (Attach a copy of 2015				
1099-R -If a rollover attach proof of deposit)				
Deferred Compensation				
(Attach a 2015 W-2 Statement)				
Inheritances; Gifts over \$300; Expenses Paid by				
Others (Circle which)				
All other income (indicate source)				
TOTAL GROSS INCOME FOR YEAR 2015				

22. Did you or will you, and	or your spou	se, file a Federal Income Tax Return for 2015?	Yes No
If yes, a copy of your retur accompanying schedules n		ried filing separately, a copy of your spouse's return tted with this application.	n) with all
23. Notice of Lien to be sent	to the follow	ring mortgagee or beneficiary:	
(If more space is needed at	tach a separa	te list)	
Mortgagee/Beneficiary			
Loan Number			
Address			 -
Mortgagee/Beneficiary			
Loan Number			
			_
that this application (includi information contained herein reported all monies received principal residence for more may request at a later date as independent verifications of	ng any accomn, to the best of the transfer of the transfer of the information of the info	y pursuant to Sec.1-201 of the Maryland Tax-Proper apanying forms and statements) has been examined to find the Mondale and belief, is true, correct and come legal interest in this property, and that this dwelling ars. I understand that the Montgomery County Deparmation to verify the statements reported on this form on reported may be made. I also understand that interaction may subject me to criminal penalties and finest	by me and the nplete, that I have g has been my artment of Finance m, and that tentionally
Service, the Income Mainte	nance Admin eaus to relea	curity Administration, Comptroller of the Treasury, istration, Unemployment Insurance, the State Depase to the Montgomery County Department of First received.	artment of Human
Applicant's Signature	Date	Spouse or Resident Co-Owner's Signature	Date