



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

APPLICATION FOR ELDERLY INDIVIDUAL AND MILITARY RETIREE PROPERTY TAX CREDITS (Bill 42-16)
TAX YEAR BEGINNING JULY 1, _____

1. Last Name, First Name, Middle Initial	2. Your Birth Date	
3. Property Address (Number and Street)	4. City, Town or Post Office	5. Zip Code
6. Date first lived at property address above	7. Note any years since first year, that you did not live at the address above	
8. Account Number (located on tax bill)	9. Daytime Telephone Number	
10. Mailing Address if different from above (Attach explanation)	11. City, Town or Post Office	12. Zip Code
13. Choose one method below to show you are 65 years of age or older. Please check one and attach a copy of that proof to this application. <u>If you do not provide a Drivers License or a Certificate of Live Birth, your application will not be processed.</u>		
Drivers License	Certificate of Live Birth	

14. You may receive this tax credit if [A] you have owned and lived at the property for at least 40 years, or [B] if you are a Retired Member of the U.S. Armed Forces. **You must attach a copy of your deed** if you are applying as an owner who has owned and lived at your home for at least 40 years. **If your property is titled in the name of a trust or in the name of the trustess of the trust, you MUST fill out and sign the Affidavit Re Trust Ownership, which is available on our website, or from our office, to be eligible for this tax credit.**

14[A] Fill out this section **if you are applying as an owner of at least 40 years** who has also lived at the property for at least 40 consecutive years.

I have owned and lived at this property for at least 40 consecutive years. I moved to the property on _____.

I have attached a copy of my deed. *If you do not provide a copy of the deed, your application will not be processed.*

14[B] Fill out this section if you are applying as an owner who is a **Retired Member of the U.S. Armed Forces**.

I am a Retired Member of the U.S. Armed Forces. I have attached a copy of my Retired Military I.D. (Required)

If you do not provide a copy of your retired military I.D., your application will not be processed.

I, _____, the undersigned, hereby declare and affirm, under the penalty of perjury that the information stated above, including all supporting documents, provided in support of this application for a tax credit are true, accurate, complete and correct, to the best of my knowledge, information and belief.

_____ (sign here)

For Montgomery County Treasury Use Only

First Year of Tax Credit: _____	Current Year County Tax: _____
Current Year of Tax Credit: _____	Tax Credit (20% County Tax): _____