



**Prince George's County Office of Finance Treasury Division
County, Municipal Police Officer or Deputy Sheriff
County Transfer Tax Exemption Affidavit**



PURSUANT TO HB 1026-2006 and/or HB 654-2007, and County Code 10-187(b)(4) I/WE HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE:

NAME: _____

I am a: _____ FIRST TIME MARYLAND HOMEBUYER
 (Check all _____ Prince George's County Police Officer
 that apply) _____ Prince George's County Municipal Police Officer
 _____ Prince George's County Deputy Sheriff

First Time Homebuyer's are Exempt from County Transfer Tax
 Non-First Time Homebuyer's will be taxed 1% County Transfer Tax (County and Municipal Officer or Deputy Sheriff)

I/We am/are the purchaser(s) of residentially improved real property described in the attached deed ("Subject Property"). **Property Tax Identification Number** _____;

That the purchaser(s) of the Subject Property will occupy the property continuously for a period of at least three (3) years as a principal residence;

That if I/we fail to occupy the Subject Property continuously for a period of at least three (3) years and cease to be a Prince George's County or Municipal Police Officer or Prince George's County Deputy Sheriff, I/we will notify the Prince George's County Office of Finance ("Finance") within seven (7) working days of the departure from the Subject Property and/or termination of employment and pay the appropriate County Transfer Taxes;

That I/we understand that if I/we fail to truthfully answer or provide information to avoid collection of County Transfer Tax, I/we may be found guilty of a misdemeanor and upon conviction may be subject to a fine not exceeding \$5,000.00 or imprisonment not exceeding eighteen (18) months or both; and

I/We authorize Prince George's County to take the appropriate steps necessary to confirm and verify the information given on this affidavit and confirm and verify my/our employment as a Prince George's County or Municipal Police Officer or Prince George's County Deputy Sheriff.

Signature of Applicant(s) _____ Date _____
 _____ Date _____

In the State of _____, at the County/City of _____

I HEREBY CERTIFY, on this _____ day of _____, 20_____, before me, the subscriber, a Notary Public, in and for said State and County/City, personally appeared, _____, known to me to be, or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within affidavit, and acknowledged that he/she/they executed that same for the purposes therein contained, and further acknowledge the information therein is correct, and in my presence signed and sealed the same..

My Commission Expires: ____/____/____

 Notary Public Signature

FOR COUNTY/MUNICIPAL/SHERIFF'S DEPT HUMAN RESOURCES USE ONLY

Date: _____

Above applicant is currently employed as a County Police / Municipal Police Officer / Deputy Sheriff (Please circle one)

Employment Location: _____

Employment verified by: _____
 Sign and Print Name of Human Resources Information Specialist

Contact Phone Number: _____ / _____
 Phone Number Email Address