



PRINCE GEORGE'S COUNTY, MARYLAND  
OFFICE OF FINANCE – TREASURY DIVISION

1301 McCormick Drive, Suite 1100

Largo, MD 20774

**APPLICATION FOR TAX DEFERRAL FOR ELDERLY OR DISABLED**

Last Name		First Name and Middle Initial		Full Name Spouse and/or Co-Owner living in the property	
Your Social Security Number				His/Her Social Security Number	
Your Birth Date and/or Disability				His/Her Birth Date and/or Disability	
Property address (Number and Street)				City, Town or Post Office	Zip Code
Mailing Address if different from above (Attach explanation)				City, Town or Post Office	Zip Code
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed If so, date _____					
Account Number (located on tax bill - 4th line from top)		Date you began residing on this property		Daytime Telephone No. (      )	
<p>You MUST list the name of every resident over 18 years of age in your household who is not a co-owner and <u>cannot</u> be claimed as a dependent for IRS purposes. (If more space is needed, attach a separate list). If none, write NONE.</p> <p>Name: _____ Relationship: _____</p> <p>Name: _____ Relationship: _____</p>					
<p>Report here the amount of reasonable fixed charges for room, board, rent or expenses paid by the persons listed above. If none is paid, write NONE and then list the total gross income of such residents. (All others)</p> <p>\$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month      \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month</p>					
Is any portion of the property for which this application is being used?				Farming	<input type="checkbox"/> YES <input type="checkbox"/> NO
				Business	<input type="checkbox"/> YES <input type="checkbox"/> NO
				A Rental	<input type="checkbox"/> YES <input type="checkbox"/> NO
If yes, then indicate what percentage of the dwelling is used for residential purposes: _____%					
Did you or will you, and/or your spouse, file a Federal Income Tax Return for _____? <input type="checkbox"/> YES <input type="checkbox"/> NO					
If yes, a copy of your return (and if married filing separately, a copy of your spouse's return) with all accompanying schedules must be submitted with this application.					

Last Name	First Name and Middle Initial	Daytime Telephone No. (      )
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Notice of Lien to be sent to the following mortgage company or beneficiary:  
(If more space is needed, attach a separate list).

Mortgage Company/Beneficiary \_\_\_\_\_

Loan Number \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mortgage Company/Beneficiary \_\_\_\_\_

Loan Number \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mortgage Company/Beneficiary \_\_\_\_\_

Loan Number \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

I declare under penalties of perjury pursuant to Sec. 1-201 of the Maryland Tax-Property Code Ann. that this application (including any accompanying forms and statements) has been examined by me and the information contained herein, to the best of my knowledge and belief, is true correct and complete, that I have reported all monies received, that I have a legal interest in this property, and that this dwelling has been my principal residence for more than five years. I understand that the Prince George's County Department of Finance may request at a later date additional information to verify the statements reported on this form, and that independent verifications of the information reported may be made. I also understand that intentionally providing false information on this application may subject me to criminal penalties and fines.

Further, I hereby understand the completed forms must be within the Treasurer's Office by no later than the close of business, September 1st of the current tax year in which deferred is requested.

_____ Applicant's Signature	_____ Printed Name (Applicant)	_____ Date
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_____ Spouse or Resident Co-owner's Signature	_____ Printed Name (Spouse or Resident Co-owner)	_____ Date
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