

## 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 Birth Date and/or	Birth Date and/or Disability							
Property address (Num	City, Town			Zip Code				
Mailing Address if diffe	City, Town			Zip Code	<del></del>			
Marital Status: □	Single	☐ Married	☐ Separated	☐ Divorced		so, date		
Property Tax Account Number		Date you be	egan residing on	this property	Daytime Telepho	one No.		
You MUST list the nam claimed as a depender	nt for IRS p	urposes. (If ı	more space is ne	eeded, attach a	separate list). If r	none, write	NONE.	_
Name:								
iname.				Relationship				
Report here the amour If none is paid, write NO			-			he persons	listed ab	oove.
\$	pe	er 🗆 Week	☐ Month	\$		per □ W	eek 🗆	l Month
Is any portion of the pro	perty for w	hich this app	lication is being	used?	Farming Business A Rental		□YES □YES □YES	□ NO □ NO □ NO
If yes, then indicate w	hat percen	tage of the d	lwelling is used	for residential p	ourposes:		%	ı
Did you or will you, and	l/or your sp	ouse, file a F	ederal Income 7	ax Return for _	?	□ YE	S 🗆 N	O
If yes, a copy of your re schedules must be sub	•		•	opy of your spo	ouse's return) with	all accomp	anying	
Proof of Age: Driver's L					om the State or Mi	ilitarv.		

Last Name	First Name and Middle	e Initial	Daytime Telephone No	. ( )	
			<u> </u>		
	o be sent to the following is needed, attach a sep		ompany or beneficia	ary:	
Mortgage Com	pany/Beneficiary				
Loan Number _					
Mortgage Com	pany/Beneficiary				
Loan Number _					
Address:					
Mortgage Com	pany/Beneficiary				
Loan Number _					
Address:					
-					
(including any according to the best of my king a legal interest in the understand that the verify the statement	nalties of perjury pursuant to ompanying forms and state nowledge and belief, is true his property, and that this d e Prince George's County D nts reported on this form, and that intentionally providing f	ments) has been correct and com welling has beer epartment of Fin d that independe	examined by me and the plete, that I have reported my principal residence ance may request at a lant verifications of the interest.	ne information co ed all monies rece for more than fiv ater date addition formation reporte	ntained herein, eived, that I have e years. I al information to d may be made.
	nderstand the completed fo per 1st of the current tax ye			by no later than	the close of
Applicant's Signatu	re	Printed Name (	Applicant)		Date
Spouse or Residen	nt Co-owner's Signature	Printed Name (	Spouse or Resident Co-	owner)	 Date