

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

14741 Governor Oden Bowie, Dr., Room 1090 Upper Marlboro, MD 20772

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 N	lumber	His/Her Social Security Num	His/Her Social Security Number		
Your Birth Date and/or	r 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:					
Account Number (located on tax bill - 4th line from top)	Date you began residing o	on this property Daytime Telep	phone No.		
	me of every resident over 18 years of a ent for IRS purposes. (If more space is				
Name:		Relationship:			
Name:		Relationship:			
•	nt of reasonable fixed charges for rool		•		
\$	per Week Month	\$	_ per □ Week □ Month		
Is any portion of the pr	roperty for which this application is bei	ng used? Farming Business A Rental	□YES □ NO □YES □ NO □YES □ NO		
·	hat percentage of the dwelling is used		%		
Did you or will you, an	d/or your spouse, file a Federal Incom	e Tax Return for	? □YES □ 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 Mid	Idle Initial	Daytime Telephone No. (
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Notice of Lien to be sent to the followard (If more space is needed, attach a second	0 0	company or beneficiary:	
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 (including any accompanying forms and state to the best of my knowledge and belief, is trategal interest in this property, and that this understand that the Prince George's County verify the statements reported on this form, I also understand that intentionally providing and fines.	atements) has been rue correct and con s dwelling has been y Department of Fin and that independ	n examined by me and the informat inplete, that I have reported all mon in my principal residence for more the mance may request at a later date a ent verifications of the information	ion contained herein, ies received, that I have nan five years. I additional information to reported may be made.
Further, I hereby understand the completed business, September 1st of the current tax			er than the close of
Applicant's Signature	Printed Name	(Applicant)	Date
Spouse or Resident Co-owner's Signature	Printed Name	(Spouse or Resident Co-owner)	 Date