

APPLICATION FOR
SENIOR TAX FREEZE & EXEMPTION

Applicant must be sixty-five (65) years of age, must have been a deeded owner of the property for the preceding ten (10) years, and must be legal and permanent resident of the property. Discontinued residency of the property will result in removal of the freeze/exemption.

APPLICANT INFORMATION

Owner Name:	Phone #:	
Street Address:	Plat:	Lot:
City, State, Zip:	# Living Units: <i>(indicate one)</i> <input type="checkbox"/> 1 <input type="checkbox"/> 2-3 <input type="checkbox"/> 4+	

ELIGIBILITY REQUIREMENTS

Check all that apply

<input type="checkbox"/> I have included with this application a copy of my birth certificate documenting that I am at least sixty-five (65) years of age.
<input type="checkbox"/> I have included with this application a copy of my driver's license <i>or</i> voter registration certificate to prove that I am a legal resident of the above property.
<input type="checkbox"/> I occupy the above property for at least six months of every calendar year, and I DO NOT receive a residency-based tax exemption on any other property.
<input type="checkbox"/> I DO NOT receive any rental or lease income from the above property.
<input type="checkbox"/> I have owned the real estate described above for at least ten (10) years. Purchase Date: _____ Deed Book: _____ Page: _____
<input type="checkbox"/> All vehicles owned or leased by myself or my spouse are registered in Smithfield. Vehicle Registration #'s: _____

- *Tax freeze and exemption will be applied the calendar year following application.*

PLEASE SIGN AND NOTARIZE HERE	<i>I declare, under penalties of perjury, that the information provided herein is true, correct, and complete.</i>
	_____ <i>Owner Signature</i> <i>Date</i>
	<i>Subscribed and sworn to me by</i> _____
	<i>This</i> _____ <i>day of</i> _____, _____
	<i>My commission expires</i> _____
_____ <i>Notary Public</i>	