

RESIDENCE INFORMATION: (AS SHOWN ON TAX BILL)

1. IS THIS RESIDENCE OCCUPIED BY THE APPLICANT AS THE SOLE DWELLING?

Yes No

2. DO YOU OWN ANY PROPERTY OUTSIDE OF MANASSAS PARK, VIRGINIA?

Yes No

IF YES, WHERE IS PROPERTY LOCATED AND WHAT IS ITS FAIR MARKET VALUE?

IS THE APPLICANT OWNER? Yes No PARTIAL OWNER? Yes No

IF PARTIAL OWNER, EXPLAIN HOW THE OWNERSHIP IS LEGALLY HELD AND THE PROPORTION OF THE APPLICANT'S INTEREST.

3. LIST THE NAME, RELATIONSHIP (If any), AGE AND SOCIAL SECURITY NUMBER OF **ALL** PERSONS WHO OCCUPY THE RESIDENCE.

NAME	RELATIONSHIP	AGE	SOCIAL SECURITY NUMBER
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PLEASE COMPLETE THIS GROSS STATEMENT FORM USING DOCUMENTATION FROM THE **CALENDAR YEAR 2019**. (for example: 2019 W2, 2019 SOCIAL SECURITY FORM 1099, ETC.)

BANK STATEMENTS, ETC. SHOULD BE THE ONE CLOSEST TO THE DECEMBER 31, 2019 DATE. (YOU ONLY NEED TO SEND 1 STATEMENT FOR EACH ENTRY).

INCLUDED IN THIS STATEMENT SHOULD BE THE TOTAL GROSS INCOME FROM ALL SOURCES OF THE APPLICANT AND ALL PERSONS LIVING IN THE RESIDENCE.

ALL INFORMATION ON THIS APPLICATION IS CONFIDENTIAL. FOR ADDITIONAL INFORMATION CALL 335-8827.

YEARLY GROSS INCOME

List Annual totals	Applicant	Spouse	Relative(s) Living In Residence	
GROSS EARNINGS (from W-2 or Sch C)				
PENSIONS				
SSA-1099 annual total				
INTEREST				
DIVIDENDS				
RENT (Received)				
WELFARE (INCLUDE FOOD STAMPS)				
GIFTS				
CAPITAL GAINS				
OTHER SOURCES				
TOTALS				

Total combined gross income of the applicant, spouse, and all relatives. \$_____

Please complete this statement of net financial worth as of December 31. Net financial worth is computed by subtracting liabilities from assets. Included in this statement must be the net financial worth, including equitable interest of the applicant and spouse. **Exclude the value of the applicant's Manassas Park residence** and up to one (1) acre of land upon which the residence is located.

Net Financial Worth

	Applicant	Spouse/Co-Owner
PERSONAL PROPERTY		
REAL ESTATE (Other than your home)		
SAVINGS ACCOUNT(S)		
CHECKING ACCOUNT(S)		
STOCKS		
BONDS		
OTHER ASSETS (IRA'S, CD's, ETC.)		
SUBTOTALS		
LIABILITIES (List if your subtotal is over 150K)		
TOTALS		

Total combined net financial worth of the applicant and spouse. \$_____

AFFIDAVIT

I/WE _____

ON MY/OUR OATH, STATE THE FOREGOING STATEMENTS ARE TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND I UNDERSTAND THAT ANY FACTORS OCCURRING DURING THE TAXABLE YEAR FOR WHICH THIS AFFIDAVIT IS FILED THAT HAVE THE EFFECT OF EXCEEDING OR VIOLATING THE LIMITATIONS AND CONDITIONS PROVIDED BY SECTION 22, CODE OF THE CITY OF MANASSAS PARK, SHALL NULLIFY ANY EXEMPTION FOR THE CURRENT TAXABLE YEAR AND THE YEAR IMMEDIATELY FOLLOWING.

I UNDERSTAND THAT AN APPLICATION MUST BE FILED EACH YEAR BY APRIL 1.

I UNDERSTAND THAT MY PROPERTY WILL BECOME TAXABLE UPON TRANSFER OF THE DEED OR MY DEATH. (Please advise the executor of your will or family member that they would need to contact me directly to get the tax information, at 703-335-8827 or by email at d.wood@manassasparkva.gov, should either of the above events occur).

I HAVE READ THE FOREGOING AFFIDAVIT AND SWEAR THAT ITS CONTENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

APPLICANT'S SIGNATURE

SPOUSE'S SIGNATURE