

Cancellation of Homestead Deduction -Senior Citizen Tax Relief Application



Print in CAPITAL letters using black ink. Leave lines blank that do not apply. Please CANCEL my: HOMESTEAD DEDUCTION SENIOR CITIZEN TAX RELIEF PART 1 - PERSONAL INFORMATION Your social security number (SSN) Co-owner SSN Email address Your first name M.I. Last name Co-owner first name M.I. Last name Current mailing address (number and street) City State Zip Code +4 PART 2 - PROPERTY INFORMATION Property address (number and street) Suffix Lot Unit Number Quadrant Zip Code +4 Square PART 3 – HOMESTEAD CANCELLATION REASONS Applicants must complete Part 3. 1. This is no longer my principal place of residence/(domicile) as of this date (mmddyyyy) 1 2. Owner(s) no longer meet age requirement 3. Total adjusted household income is no longer less than \$125,000 3. 4. Owner(s) deceased (please attach a copy of the death certificate) 4. 5. No longer own home/Property sold as of this date (mmddyyyy) 5. SOCIAL SECURITY INFORMATION: Pursuant to 42 U.S.C. § 405(c)(2)(C), the Office of Tax and Revenue may request the social security number for tax administration purposes. Inclusion of the social security number is mandatory. The social security number will be used to determine the property owner's eligibility for the homestead deduction and/or senior citizen tax relief. PART 4 – AFFIDAVIT Under the penalties of law, I declare that I have examined this application and its attachments, if any, and to the best of my knowledge, it is correct. Your signature Date (mmddyyyy) Daytime phone Printed First name M.I. Last name If you have further questions, you may reach us through the Customer Service Telephone Information center at (202)727-4TAX(4829), FAX: (202)442-6691, EMAIL: homestead@dc.gov, WEBSITE: www.taxpayerservicecenter.comMAIL TO: Office of Tax and Revenue, Attention: Homestead Unit, 1101 4th Street, SW, Suite W550, Washington, DC 20024