Print in CAPITAL letters using black ink. Leave lines blank that do not apply.
Please CANCEL my: $\square$ HOMESTEAD DEDUCTION $\square$ 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 $\quad$ State $\quad$ Zip Code +4

## PART 2 - PROPERTY INFORMATION

Property address (number and street)

| Square | Suffix | Lot | Unit Number | Quadrant | Zip Code +4 |
| :---: | :---: | :---: | :---: | :---: | :---: |

## 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)
2. 
3. Owner(s) no longer meet age requirement
4. 


3. Total adjusted household income is no longer less than $\$ 125,000$
3. $\qquad$
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. $\S 405(\mathrm{cc}(2)(\mathrm{C})$, 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
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.com

