



2026 APPLICATION MOBILE HOME TAX DEFERRAL FOR THE ELDERLY AND DISABLED

City of Newport News, Virginia

Phone: (757) 926-8653 Web Site: www.nnva.gov/cor

Applications Accepted April 1 - June 30, 2026



TIFFANY M. BOYLE
Commissioner of the Revenue

REQUIRED:

Prior year 1040 Federal, 1099-SSA, & bank statement showing 12/31/25 balance

MAILING LABEL

FOR OFFICE USE ONLY

Real Estate Acct

Name(s) on Deed if different from applicant:

1. APPLICANT INFORMATION (PLEASE PRINT CLEARLY)

Name of Applicant	Last, First, Middle	Social Security Number	Date of Birth
Name of Spouse	Last, First, Middle	Social Security Number	Date of Birth
Property Address	Street, City, Zip Code		Phone Number

- A. Do you live at the above address? ☐ Yes ☐ No If No, list residing address _____
- B. Mailing Address (if different): _____
- C. Were you or your spouse **determined** disabled prior to age 65? _____ Applicant _____ Spouse _____ Neither
- D. Is any part of the residence leased or rented to other persons? _____ Yes _____ No
- E. Does anyone other than the applicant and spouse live in the home? _____ Yes _____ No **If Yes, complete section 2.**

2. OTHER PERSONS LIVING AT THE ABOVE ADDRESS

	NAME	SOCIAL SECURITY #	RELATIONSHIP TO OWNER	DATE OF BIRTH
PERSON 1				
PERSON 2				
PERSON 3				

3. TOTAL ANNUAL COMBINED GROSS HOUSEHOLD INCOME – JANUARY 1, 2025 TO DECEMBER 31, 2025

Income From:	APPLICANT	SPOUSE	PERSON 1	PERSON 2	PERSON 3	
Wages	\$	\$	\$	\$	\$	
Self Employment	\$	\$	\$	\$	\$	
Unemployment Compensation	\$	\$	\$	\$	\$	
Social Security	\$	\$	\$	\$	\$	
Railroad Retirement	\$	\$	\$	\$	\$	
Non-taxable Veteran's Benefits	\$	\$	\$	\$	\$	
Military/Other Pensions	\$	\$	\$	\$	\$	
Tax Exempt Income	\$	\$	\$	\$	\$	
Annuity & IRA Disbursements	\$	\$	\$	\$	\$	
Interest	\$	\$	\$	\$	\$	
Dividends	\$	\$	\$	\$	\$	
Rental Income	\$	\$	\$	\$	\$	
Capital Gains	\$	\$	\$	\$	\$	
Gifts/Lottery/ Gambling	\$	\$	\$	\$	\$	
Royalties	\$	\$	\$	\$	\$	
Government Assistance	\$	\$	\$	\$	\$	
Other: _____	\$	\$	\$	\$	\$	
Other: _____	\$	\$	\$	\$	\$	
Total INCOMES:	\$	\$	\$	\$	\$	GRAND TOTAL
						\$

4. ASSETS – BALANCES OF ACCOUNTS OR VALUES OF ASSETS ON DECEMBER 31, 2025

	APPLICANT	SPOUSE	OFFICE USE ONLY
Checking Accounts/Savings Accounts	\$	\$	
Savings Certificates	\$	\$	
Certificates of Deposit/Money Market	\$	\$	
Cash Value of Life Insurance	\$	\$	
Stocks/Bonds/Trusts	\$	\$	
IRAs/401K/Annuities/Thrift Saving Plans	\$	\$	Address of other Real Estate:
Other Real Estate (provide address)	\$	\$	
Other: _____	\$	\$	GRAND TOTAL
TOTAL ASSETS:	\$	\$	

OTHER ASSETS: Auto, Boat, Camper and similar

Type	Year	Make	Model
Vehicle 1			
Vehicle 2			
Boat/RV			
Trailer/Camper			
Other			

5. ELECTION OF DEFERRAL AMOUNT

If eligible for deferral, do you elect to defer 100% of your 2026 mobile home property tax? YES ☐ NO ☐

If **NO**, indicate the percentage of your mobile home property tax you elect to defer. _____%

IMPORTANT! You will be billed and must pay the balance of the 2026 tax that you elect not to defer.

6. AFFIDAVIT

In order for your application to be processed, you must complete all sections of this application, sign on the applicant signature line in the presence of a Notary Public, and the Notary Public must complete and sign in the space provided below. Please be advised submission of an incomplete application may result in your application being denied.

I hereby request mobile home tax **deferral** and certify the foregoing statements are true and correct to the best of my knowledge and belief. I understand any person falsely requesting tax deferral shall be guilty of a Class 3 misdemeanor. I agree to notify the Office of the Commissioner of the Revenue immediately if any changes occur with respect to my income, financial worth, or ownership of the property.

I understand if I am eligible, my mobile home tax for 2026 will be **deferred** and the accumulated amount of taxes deferred shall be paid to the city treasurer immediately upon the sale or transfer of title of the dwelling or shall be paid from the estate of the decedent within one (1) year after the death of the last owner who qualified for tax deferral.

Applicant's Signature

Date

City/County of _____
Commonwealth of Virginia

The foregoing instrument was subscribed and sworn before me this ____ day of _____, 2026

by _____ in the city/county and state aforesaid.

(name of applicant)

Notary Public _____

Notary Registration # _____

SEAL (required)

My Commission Expires _____