2026 APPLICATION
MOBILE HOME TAX EXEMPTION
FOR THE ELDERLY

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, & copies of your housing costs paid during 2025.

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. Is any part of the residence leased or rented to other persons? ☐ Yes ☐ No

D. 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:_____	$	$	$	$	$	**GRAND TOTAL**
TOTAL INCOMES:	$	$	$	$	$	$

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

	APPLICANT	SPOUSE	OFFICE USE ONLY
Checking Accounts/Savings Accounts	$	$	
Savings Certificates/Trusts	$	$	
Cash Value of Life Insurance	$	$	
Certificates of Deposit/Stocks/Bonds	$	$	
IRA/401K/Annuities/Thrift Saving Plans	$	$	
Auto: Year_____Make_____	$	$	
Auto: Year_____Make_____	$	$	Address of other Real Estate:
Boat, Camper, RV and similar	$	$	
Other Real Estate (provide address)	$	$	
Other:_____	$	$	**GRAND TOTAL**
TOTAL ASSETS:	**$**	**$**	**$**

5. HOUSING COSTS PAID - JANUARY 1, 2025 TO DECEMBER 31, 2025

Mortgage Principle & Interest	$	Land Line Telephone	$
Real Estate Insurance	$	Cable Services	$
Real Estate Taxes	$	Homeowners' Association Dues	$
Electric Power Utility	$	Heating Oil	$
Natural Gas Utility	$	Other _____	$
NN Waterworks Water	$	Other _____	$
HRSD Sanitation	$	Other _____	$
		TOTAL HOUSING COSTS:	$

6. AFFIDAVIT

In order for your application to be processed, you must complete <u>all</u> sections of this application and sign on the applicant signature line in the presence of a Notary Public. The Notary Public must complete, sign, and stamp 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 **<u>exemption</u>** and certify the foregoing statements are true and correct to the best of my knowledge and belief. I understand any person falsely requesting tax exemption 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, housing costs or ownership of the property.

_____

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 _____