



MAYOR AND CITY COUNCIL OF LAUREL
DEPARTMENT OF BUDGET AND PERSONNEL SERVICES

8103 Sandy Spring Road Laurel, MD 20707-2502

Phone: (301)-725-5300 FAX (301)-725-7951 Internet: <http://www.cityoflaurel.org>

Elderly and Veteran Real Estate Tax Credit Program Application

City Ordinance No. 1927 created a tax credit program for the City of Laurel Real Estate Tax for Property owners that are at least 65 years old and have lived in the same dwelling for at least the preceding 40 years.

Address of Property:

Property Tax Account Number: 10-_____

Original Deed Date: _____

Name of Property Owner (s): _____

Age of Property Owner: _____

Telephone Number: _____

Certification:

I hereby certify that the above referenced property is my place of residence, and that I am the Legal owner of said property.

I declare under the penalties of perjury, pursuant to Section 16-9, Chapter 16, Article I of the Code of the City of Laurel that this application is true, correct and complete.

Signature of Owner (s): _____

Approval of Director of Budget and Personnel Services: _____

Date: _____

Number of Years for Tax Credits: _____

ELDERLY AND VETERAN TAX CREDIT ADDENDUM ANNUAL CERTIFICATION

Year 1 of Tax Credit

Fiscal Year: _____

Assessed Value _____

Tax Credit (10% deduction of \$.71 tax rate) _____

Annual Certification Received (proof of residency) Yes or No: _____

Year 2 of Tax Credit

Fiscal Year: _____

Assessed Value _____

Tax Credit (10% deduction of \$.71 tax rate) _____

Annual Certification Received (proof of residency) Yes or No: _____

Year 3 of Tax Credit

Fiscal Year: _____

Assessed Value _____

Tax Credit (10% deduction of \$.71 tax rate) _____

Annual Certification Received (proof of residency) Yes or No: _____

Year 4 of Tax Credit

Fiscal Year: _____

Assessed Value _____

Tax Credit (10% deduction of \$.71 tax rate) _____

Annual Certification Received (proof of residency) Yes or No: _____

Year 5 of Tax Credit

Fiscal Year: _____

Assessed Value _____

Tax Credit (10% deduction of \$.71 tax rate) _____

Annual Certification Received (proof of residency) Yes or No: _____
