



Print in CAPITAL letters using black ink. Leave lines blank that do not apply.

Benefit Appeal: HOMESTEAD DISABLED TAX RELIEF SENIOR

PART 1 - PERSONAL INFORMATION

Owner Social Security Number (SSN) Co-owner SSN Owner 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 Email address

PART 2 - PROPERTY INFORMATION

Property address (number and street)-REQUIRED Quadrant Square Suffix Lot Unit Number Zip Code +4

PART 3 - APPEAL REASONS

PLEASE INDICATE WHAT TAX YEAR YOU ARE APPEALING: [] [] [] []

To be eligible for the any of these benefits 1. The owner/applicant must be domiciled in the District of Columbia; 2. The property must be the principal residence of the owner/applicant; 3. The property must be occupied by the owner/applicant and contain no more than five dwelling units (including the unit occupied by the owner; and 4. an application must be on file with the Office of Tax and Revenue.

Note: The property cannot receive the Homestead tax benefit if it is held in an irrevocable trust or if the record owner is a corporation or business entity (except a partnership in which all partners occupy the property as their principal residence).

For more information on the eligibility requirements for the Homestead, Senior Citizen, and Disabled property tax relief programs, you can visit: https://otr.cfo.dc.gov/page/homesteadsenior-citizen-deduction.

Please state below clearly your reasons for appealing the decision of the Office of Tax and Revenue and enclose any documentation that would help substantiate the property's eligibility to receive the property tax benefit(s). (Please attach any supporting documentation with your appeal form)

[Large empty box for reasons and documentation]

