



COOP APPLICATION

2019 APPLICATION FOR SENIOR CITIZEN REAL ESTATE TAX FREEZE

New applicants only. If you participated in this program last year, you are automatically enrolled this year.

Print Property Address

OPA Account Number

 - -

Print Owner's Name

Owner's Social Security Number

 - -

Is this your primary residence?

Yes No

Filing Status:

Single Married

Owner's Birth Date

 - -

Print Spouse's Name

Spouse's Social Security Number

 - -

If qualifying spouse is deceased, enter the date of death:

 - -

Spouse's Birth Date

 - -

Do you claim anywhere else as your primary residence?

Yes No

Is this residence part of a cooperative where some or all of the taxes are paid jointly?

Yes No

Is your property used for something other than your primary residence, such as a business or rental property?

Yes No

If yes, what percentage is used for business or rental? %

Household Income To qualify, total income must be \$27,500 or less for a single person or \$35,500 or less for a married couple.

- | | | | | | |
|--|-----------|---|----------|---|--------------|
| 1. Total 2018 Social Security and Supplemental Security Income (less Medicare Part B premiums).....1. | 1. | <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> | . 0 0 |
| 2. Total 2018 Gross Pensions, Annuities, Veterans' & Railroad Retirement Benefits, and taxable portion of Individual Retirement Accounts (IRAs).....2. | 2. | <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> | . 0 0 |
| 3. Total 2018 Salary, Wages, Bonuses, Commissions, Income from Self-Employment and Partnership Income (Do not subtract losses).....3. | 3. | <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> | . 0 0 |
| 4. Total 2018 Interest, Dividends, Capital Gains, Prizes (Do not subtract losses).....4. | 4. | <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> | . 0 0 |
| 5. Total 2018 Net Rental Income and Net Business Income (Do not include rent you pay; do not subtract rental or business losses from your total income).....5. | 5. | <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> | . 0 0 |
| 6. Total 2018 Other Income (Including but not limited to Cash Public Assistance, Unemployment and Workers' Compensation, Alimony, Support Money, Gifts totaling more than \$300, Life Insurance Death Benefit Payments exceeding \$10,000 per person).....6. | 6. | <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> | . 0 0 |
| 7. TOTAL ANNUAL HOUSEHOLD INCOME (Add Lines 1 through 6).....7. | 7. | <input style="width: 20px; height: 20px;" type="text"/> | , | <input style="width: 20px; height: 20px;" type="text"/> | . 0 0 |

Under penalties of perjury, as set forth in 18 PA C.S. §§ 4902-4903 as amended, I swear that I have reviewed this return and accompanying statements and schedules, and to the best of my knowledge and belief, they are true and complete.

Owner's Signature _____ Date _____ Spouse's Signature _____

E-mail Address _____ Phone # _____

INSTRUCTIONS

If you participated in this program last year, it is not necessary to complete this application as you are automatically enrolled in the program this year.

To qualify, total income must be \$27,500 or less for a single person or \$35,500 or less for a married couple.

Print your Property Address and Office of Property Assessment (OPA) account number.

Print the owner's name, Social Security number, and birth date. Check the box indicating the appropriate Filing Status. If you check "Married", print spouse's name, Social Security number and birth date. If the qualifying spouse is deceased, enter the date of death. If you are not at present married, you are considered single for the purpose of this application form.

In the year of application, you or your spouse must be 65 years of age or older, or you must be over 50 years of age and your deceased spouse was at least 65 years old at the time of their death. **You must send proof of age with your application. Do not send original documents; only photocopies will be accepted.** Examples of proof of age are a Social Security award letter, driver's license or birth certificate. Any document that clearly shows a date of birth will be accepted for consideration.

Complete the Household Income section as indicated. **Documentation for proof of income may be requested at the discretion of the Philadelphia Department of Revenue.** The Philadelphia Department of Revenue is authorized to perform an income verification check with the Internal Revenue Service and the Pennsylvania Department of Revenue Bureau of Individual Taxes. If at any time your income is found to exceed the program limits, you will be billed for additional monies due.

Sign and date the application, include your daytime telephone number and e-mail address.

**MAIL TO: PHILADELPHIA DEPARTMENT OF REVENUE
P.O. BOX 53190
PHILADELPHIA, PA 19105**

QUESTIONS: 215-686-6442 E-mail: revenue@phila.gov

www.phila.gov/revenue

Do you live in a Cooperative Property? If you are approved, your enrollment status and amount of savings will be shared with your property management.