

City of Philadelphia Real Estate Tax Relief Program Application



Apply Online: The best way to apply is by using our mobile-friendly online application. It is the easiest, most secure, and fastest way to complete your application. Please only use this paper application if you have no other way to complete your application.

gofwd.link/PATaxRelief



Legibility: Please ensure that your paper application is easy to read, as **applications that are not legible will not be accepted.**

Deadline: The deadline for turning in your application and required supporting documents is **December 15th, 2023 at 5:00 PM EST**. Be sure to submit it on or before this date and time to be considered.

Submission Location: All applications should be submitted to the department of revenue prior to the December 15th deadline:

**Philadelphia Department of Revenue
P.O. Box 53190
Philadelphia, PA 19105**



Contact Number (w/ Text Messages): We highly recommend providing a contact number that can receive text messages. This will enable us to send you updates regarding your application status. Without providing a number that can receive text messages, we will not be able to keep you informed throughout the process.

Email Address: Please include a valid email address where we can reach you. This will be another important channel for communication regarding your application.

Household Members

Please fill out the information below for EACH household member regardless of age, starting with the primary applicant. When you're finished filling out household members please proceed to page 5.

If there are additional household members beyond the space provided, please attach a separate page for each, with all necessary information and documentation.

Household member 1 (Primary Applicant)

First Name:

Last Name:

Date of Birth (mm-dd-yyyy):

Household member 2

First Name:

Last Name:

Date of Birth (mm-dd-yyyy):



Relationship to Applicant:

Household member 3

First Name:

Last Name:

Date of Birth (mm-dd-yyyy):

Relationship to Applicant:

Household member 4

First Name:

Last Name:

Date of Birth (mm-dd-yyyy):

Relationship to Applicant:

Household member 5

First Name:

Last Name:



Date of Birth (mm-dd-yyyy):

Relationship to Applicant:

Household member 6

First Name:

Last Name:

Date of Birth (mm-dd-yyyy):

Relationship to Applicant:

Household member 7

First Name:

Last Name:

Date of Birth (mm-dd-yyyy):

Relationship to Applicant:



Applicant Information

Please provide the following additional information for the primary applicant:

Email Address:

Phone Number:

(please provide a mobile number that can receive and send text messages)

____ - ____ - _____

Is this your phone number? Yes No

Are you able to receive text messages on this phone? Yes No

If no, please provide the name of the person whose phone number you have listed and authorized to accept application status messages on your behalf: _____

Physical Address

Street:

Apt/Unit/Suite/Floor:

City:

State: _____ Zip: _____

Mailing Address

- Same as Physical Address

Street:

Apt/Unit/Suite/Floor:

City:

State: _____ Zip: _____

Preferred Communication:

- Phone Call (voicemail enabled)
- Text Message
- Email

Preferred Language for Communication:

- English
- Spanish
- French
- Other: _____

Required Documents

For your application to be considered you must include a photocopy or picture of one of the following documents listed from EACH section:

Valid Government Photo ID:

- Passport
- National Identity Card
- Driver's License
- Social Security Card
- Voter ID Card
- Residence Permit

- Birth Certificate
- Citizenship certificate
- Military ID
- Government Employee ID
- Refugee or Asylum Seeker Documents
- Permanent Resident Card (Green Card)

Utility Bill or Other Official Mail Establishing Residency:

- Recent utility bill (within 60 days)
- Mortgage statement
- Property tax bill
- Official government or city correspondence addressed to you, the applicant

Demographics

This information is collected for reporting purposes only and does not determine if you qualify for the Tax Relief program.

1. Gender:

- Female
- Male
- Non-Binary
- Transgender Female
- Transgender Male
- Other _____
- Prefer not to say

2. Which race/ethnicity do you identify with?

- American Indian/Native Alaskan
- Asian/Pacific Islander
- Black/African American
- Hispanic or Latina/o/Latinx
- Caucasian/White
- Multiple Ethnicities



- Other
- Unknown/Prefer not to say

3. Relationship Status:

- Single
- Married
- Divorced
- Widowed
- Separated
- Domestic Partnership
- Unknown/Prefer not to state

4. Primary Language Spoken:

Household Income

Please fill out the information below for EACH household member regardless of age, starting with the primary applicant. When you've completed filling out income information for each household member, please proceed to page 17.

If there are additional household members beyond the space provided, please attach a separate page for each with all necessary information and documentation.

Use this table as a guide when filling out the required information:

Sample Income Table

Source of Income	Required Supporting Documentation
Wages and Salary (including overtime pay, commissions, fees, tips, and bonuses)	<ul style="list-style-type: none"> • Copies of all paycheck stubs for the last two months AND • Please include the last 2 years of tax returns



Self-Employed Income and Net Business Profits	<ul style="list-style-type: none"> • Last year and year-to-date profit and loss statement AND • Please include the last 2 years of tax returns
Social Security Income (SS) (SSI) (SSD)	<ul style="list-style-type: none"> • Benefits Award Letter (Can be requested from the awarding agency. Must not be older than one year) OR • Copy of most recent award check/paystub
Calworks/TANF (welfare payments)	
Pension	
Military pay or special allowance	
Unemployment Insurance	
Alimony & Child Support	<ul style="list-style-type: none"> • Court decree/documentation establishing payments (divorce papers) OR • Letter of Explanation signed by the household member Child Support
Regular Cash Payments and/or Gifts (including rent/utility payments made on behalf of the household member)	<ul style="list-style-type: none"> • Proof of Gift OR • Letter of Explanation signed by the household member
Investment income, dividends, interest from bank accounts and/or real property	<ul style="list-style-type: none"> • Bank/investment statements showing the last two months of the amount earned
Other income not shown above	<ul style="list-style-type: none"> • Provide a description and attach documentation to support the declaration

Sources of Income

Household member 1 (Primary Applicant)

First Name:

Last Name:

Is this household member 18 years of age or older?

- Yes
- No

Please mark all sources of income that apply for this applicant:

- Wages and Salary
- Self-Employed Income and Net Business Profits
- Social Security Income
- Calworks or TANF
- Pension
- Military pay or special allowance
- Unemployment
- Alimony
- Child Support
- Regular Cash Payments or Gifts
- Investment income, dividends, interest from bank accounts, or real property
- Other income not shown above

What is the monthly income dollar amount for this applicant?

\$_____

Proof of Income

For your application to be considered you must include a photocopy or picture of two bank statements or pay stubs for EACH household member. All documents cannot be older than 60 days at the time of application.

**Household member 2**

First Name:

Last Name:

Is this household member 18 years of age or older?

- Yes
- No

Please mark all sources of income that apply for this applicant:

- Wages and Salary
- Self-Employed Income and Net Business Profits
- Social Security Income
- Calworks or TANF
- Pension
- Military pay or special allowance
- Unemployment
- Alimony
- Child Support
- Regular Cash Payments or Gifts
- Investment income, dividends, interest from bank accounts, or real property
- Other income not shown above

What is the monthly income dollar amount for this applicant?

\$ _____

Proof of Income

For your application to be considered you must include a photocopy or picture of two bank statements or pay stubs for EACH household member. All documents cannot be older than 60 days at the time of application.

**Household member 3**

First Name:

Last Name:

Is this household member 18 years of age or older?

- Yes
- No

Please mark all sources of income that apply for this applicant:

- Wages and Salary
- Self-Employed Income and Net Business Profits
- Social Security Income
- Calworks or TANF
- Pension
- Military pay or special allowance
- Unemployment
- Alimony
- Child Support
- Regular Cash Payments or Gifts
- Investment income, dividends, interest from bank accounts, or real property
- Other income not shown above

What is the monthly income dollar amount for this applicant?

\$ _____

Proof of Income

For your application to be considered you must include a photocopy or picture of two bank statements or pay stubs for EACH household member. All documents cannot be older than 60 days at the time of application.

**Household member 4**

First Name:

Last Name:

Is this household member 18 years of age or older?

- Yes
- No

Please mark all sources of income that apply for this applicant:

- Wages and Salary
- Self-Employed Income and Net Business Profits
- Social Security Income
- Calworks or TANF
- Pension
- Military pay or special allowance
- Unemployment
- Alimony
- Child Support
- Regular Cash Payments or Gifts
- Investment income, dividends, interest from bank accounts, or real property
- Other income not shown above

What is the monthly income dollar amount for this applicant?

\$ _____

Proof of Income

For your application to be considered you must include a photocopy or picture of two bank statements or pay stubs for EACH household member. All documents cannot be older than 60 days at the time of application.



Household member 5

First Name:

Last Name:

Is this household member 18 years of age or older?

- Yes
- No

Please mark all sources of income that apply for this applicant:

- Wages and Salary
- Self-Employed Income and Net Business Profits
- Social Security Income
- Calworks or TANF
- Pension
- Military pay or special allowance
- Unemployment
- Alimony
- Child Support
- Regular Cash Payments or Gifts
- Investment income, dividends, interest from bank accounts, or real property
- Other income not shown above

What is the monthly income dollar amount for this applicant?

\$ _____

Proof of Income

For your application to be considered you must include a photocopy or picture of two bank statements or pay stubs for EACH household member. All documents cannot be older than 60 days at the time of application.



Household member 6

First Name:

Last Name:

Is this household member 18 years of age or older?

- Yes
- No

Please mark all sources of income that apply for this applicant:

- Wages and Salary
- Self-Employed Income and Net Business Profits
- Social Security Income
- Calworks or TANF
- Pension
- Military pay or special allowance
- Unemployment
- Alimony
- Child Support
- Regular Cash Payments or Gifts
- Investment income, dividends, interest from bank accounts, or real property
- Other income not shown above

What is the monthly income dollar amount for this applicant?

\$ _____

Proof of Income

For your application to be considered you must include a photocopy or picture of two bank statements or pay stubs for EACH household member. All documents cannot be older than 60 days at the time of application.



Household member 7

First Name:

Last Name:

Is this household member 18 years of age or older?

- Yes
- No

Please mark all sources of income that apply for this applicant:

- Wages and Salary
- Self-Employed Income and Net Business Profits
- Social Security Income
- Calworks or TANF
- Pension
- Military pay or special allowance
- Unemployment
- Alimony
- Child Support
- Regular Cash Payments or Gifts
- Investment income, dividends, interest from bank accounts, or real property
- Other income not shown above

What is the monthly income dollar amount for this applicant?

\$ _____

Proof of Income

For your application to be considered you must include a photocopy or picture of two bank statements or pay stubs for EACH household member. All documents cannot be older than 60 days at the time of application.

Tax Information

Is the address listed on page 5 your primary residential address?

- Yes
- No

Are you the owner of the property?

You may qualify for this program if you have an equitable ownership interest:

- Inherited an interest in the property or have acquired the property from a family member, including a spouse or life partner.

- Entered into a long-term contract to purchase the property from the record owner, or

- Are a victim of a fraudulent deed transfer.

- Yes
- No

Did your property tax bill increase 50% or more between the 2022/2023 fiscal year tax assessment?

- Yes
- No

Have you filed an appeal regarding your 2022/2023 fiscal year property tax increase with the City of Philadelphia?

- Yes
- No

If you selected Yes, has your appeal been resolved?

- Yes
- No

If your appeal has been resolved, did it bring your property tax increase below 50%?

- Yes
- No

Have you lived in your house for 10 years or more?

- Yes
- No

If you have lived in your house for more than 10 years, are you up to date on your property taxes for the primary address listed above?

- Yes
- No

If you are not up to date, are you currently on a payment plan to pay off your property taxes?

- Yes
- No

Please record your OPA Account Number below:

If you do not know your Property Tax ID number, you can refer to your property deed, real estate tax documents, or visit <https://property.phila.gov/> in order to look it up:

Signature

- I confirm that the details in this application are true and accurate. False information may lead to application denial or legal action.
- I understand that my personal information will be used solely for determining eligibility for the City of Philadelphia Real Estate Tax Relief program and will adhere to data protection laws.



- I also understand that my data may be used to contribute to a report showing who is participating in the program, but none of my personal information will be identified.
- I grant permission to FORWARD and relevant authorities to verify my information.
- I consent to be contacted about my application status and updates via the provided contact details.
- I understand that my data will be retained as required by law and for program purposes.
- I understand that failing to provide the required documentation proof will result in my application not being considered for further review. See the list below of required documentation and ensure you have checked off each box before considering your application completed. You must include the following:
 - A photocopy or printed image of a valid Government issued photo ID (refer to pages 6 & 7 for a complete list of examples).
 - A photocopy or printed image of a Utility Bill or Other Official Mail Establishing Residency (refer to page 7 for a complete list of examples).
 - Proof of income for EACH household member consisting of a photocopy or printed image of **two bank statements** or **two pay stubs** for each income earner. All documents cannot be older than 60 days at the time of application.

By signing below the Applicant hereby certifies the above statements.

Please sign in your full name and date below:

Signature of Applicant

Date:

Printed Name:



Paper Application Acknowledgement

If I choose to submit a handwritten application, a member of the FORWARD team will be assigned to carefully review it. If my handwriting is hard to read or there are mistakes, it could result in delays or difficulties in processing my paper application.

I understand that I have the option to submit an electronic application and resources are available to help me do that. Therefore, I take full responsibility for any errors or confusion that may happen because I chose to submit a paper application written by hand.

Signature of Applicant

Date:

Printed Name:
