

ASD-107 Benefit Appeal Application



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

Benefit Appeal:	HOMESTEAD	O DISABLED TAX RELIEF	
	SENIOR		
PART 1 - PERSON	AL INFORMATION		
Owner Social Security Num	ber (SSN)	Co-owner SSN	
Owner First Name		M.I. Last Name	
Co-owner First Name		M.I. Last Name	
Co-owner First Name		W.I. Last Name	
Current mailing address (nu	umber and street)		
City		State Zip Code +4	
Email address			
	TY INFORMATION		
Property address (number	and street)-REQUIRED	Quadrant	
Square	Suffix	Lot Unit Number Zip Code +4	
Square	Sullix	Zip code +4	
PART 3 - APPEAL	REASONS		
PLEASE INDICATE	WHAT TAX YEAR Y	YOU ARE APPEALING:	
principal residence of	the owner/applicant; 3.	The owner/applicant must be domiciled in the District of Columbia; 2. The property must be the . The property must be occupied by the owner/applicant and contain no more than five dwelling er; and 4. an application must be on file with the Office of Tax and Revenue.	
Note: The property ca	nnot receive the Homes	stead tax benefit if it is held in an irrevocable trust or if the record owner is a corporation or hall partners occupy the property as their principal residence).	
For more information	on the eliaibility require	ements for the Homestead, Senior Citizen, and Disabled property tax relief programs, you can steadsenior-citizen-deduction .	
Please state below documentation that (Please attach any s	clearly your reasons f t would help substant supporting document	for appealing the decision of the Office of Tax and Revenue and enclose any tiate the property's eligibility to receive the property tax benefit(s). tation with your appeal form)	

ASD-107 Page 2																		
Name																		
SSN											0 0	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0 7	0 1	2	0 0	0 0	
PART 3 - APPE	EAL REAS	ONS CO	NT'D															
PART 4 — SIGN																		
PART 4 — SIGN The applicant who Making a false sta	o is an owi	ner of rec	ord of	the pr	roperty o	or trusi	t bena	eficiary Ities un	must	sign a	nd date	e this a	applica 4106 à	ation.	22-240	05. Un	der	
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