

APPLICATION FOR THE CITY OF NEWARK'S TAX LIABILITY RELIEF

I. IDENTIFICATION

Name of Owner: _____ Are you the Owner? ☐ Yes or, ☐ No

Phone Number: (____) _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

Name of Tenant: _____ Are you the Tenant? ☐ Yes or, ☐ No

Phone Number: (____) _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

II. PROPERTY INFORMATION

Property Location: _____

Block: _____ Lot: _____ Qualifier: _____

Current Vacancy in Percentage: _____

Current Monthly Gross Income: _____

Monthly Gross Income as of October 1, 2019: _____

III. TENANT INFORMATION

Current Loss of Business in Percentage: _____

Current Monthly Gross Business Income: _____

Monthly Gross Business Income as of October 1, 2019: _____

IV. REQUEST FOR INFORMATION

Please attach the following documents:

For the Owner:

1. Last year's Form 8825 or 1040E showing income for the Property, and
2. A copy of the lease with the Tenant.

For the Tenant:

1. Documentation showing receipts in the preceding year, and
2. Documentation showing current income for the business.

V. CERTIFICATION

We hereby certify that the foregoing statements and attached information made by the signatories to this application are true. I/We are aware that if any of the foregoing statements made by me are willfully false, I/we are subject to punishment.

For the Owner: _____
[TITLE]

For the Tenant: _____
[TITLE]

FOR OFFICIAL USE ONLY:

☐ APPROVED

☐ DISAPPROVED

Assessor

Date