



**City of Annapolis**  
**Finance Office**  
160 Duke of Gloucester Street  
Annapolis, MD 21401-2517

[Finance@annapolis.gov](mailto:Finance@annapolis.gov) • 410-263-7952 • Utilities 410-263-7953 • Fax 410-263-7529 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## **50 Year Tax Payment Deferral Guidelines**

This application is filed in accordance with [Section 6.04.125](#) of the City Code. This code section provides for a 50-year deferral of city residential real property taxes. The application must be filed before June 1, (30 days prior to the July 1<sup>st</sup> billing date of the real estate taxes).

### **Eligibility**

Homeowners combined income, as defined in 9-104 of the Tax Property Article of the State Code, does not exceed \$50,000 per annum; and the homeowner or at least one of the homeowners of the residential real property

1. has resided in the dwelling as a principal residence for a period of at least five consecutive years; and
2. qualifies under one of the following criteria:
  - a. is at least 65 years of age
  - b. is permanently and totally disabled and qualifies for benefits under:
    - Social Security Act
    - Railroad Retirement Act
    - Any Federal Act for member of the United States Armed Forces
    - Any Federal retirement system

If certified permanently and totally disabled, enclose a letter from the appropriate agency or County Health Officer attesting to the disability.

### **Eligible Property**

The amount of property eligible for a payment deferral is a minimum lot size required by the zoning district in which the property is located, except it shall not be less than the dwelling and curtilage, as determined by the Supervisor of Assessments for Anne Arundel County.

### **Amount of payment deferral**

This code section provides for a 50 year payment deferral equal to but not to exceed the increase in city property taxes on eligible residential real property taxes as determined on the date the homeowner elects to defer the tax.

### **Termination of payment deferral**

The total amount of the city property tax deferred plus interest calculated at 4% per annum shall be due and payable when homeowner ceases to be eligible or at the end of the 50 year duration of the deferral.

### **Real Property Tax Bills**

All city real property taxes not deferred are due and payable, and subject to the same interest rate as all other city property taxes. The annual tax bill shall show the cumulative amount of the deferral plus interest.



**City of Annapolis**  
**Finance Office**  
 160 Duke of Gloucester Street  
 Annapolis, MD 21401-2517

[Finance@annapolis.gov](mailto:Finance@annapolis.gov) • 410-263-7952 • Utilities 410-263-7953 • Fax 410-263-7529 • TDD use MD Relay or 711 • [www.annapolis.gov](http://www.annapolis.gov)

## 50 Year Tax Payment Deferral Application

Property owner(s) \_\_\_\_\_

Mail address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ Email address \_\_\_\_\_

Anne Arundel County Property Tax Account # \_\_\_\_\_ Acreage \_\_\_\_\_

Location and description of property for which deferral is claimed:

### Notice of Lien

A lien shall attach to the property in the amount of all deferred taxes and interest and shall remain until deferred taxes and interest are paid. This agreement shall be recorded in the land records of Anne Arundel County. The mortgagee or beneficiary under a Deed of Trust will be notified of the deferral and of the amount of tax being deferred.

1. Mortgage/Beneficiary \_\_\_\_\_

Mortgage number \_\_\_\_\_

Address \_\_\_\_\_

2. Mortgage/Beneficiary \_\_\_\_\_

Mortgage number \_\_\_\_\_

Address \_\_\_\_\_

I (we), the undersigned, do hereby declare under penalties of perjury that this application has been examined and that the statements made herein are complete and true to the best of my knowledge and belief of the undersigned. Further, I hereby authorize for the State of Maryland Comptrollers Office to release to the City of Annapolis each year information concerning gross income.

### Signatures

Homeowner \_\_\_\_\_ Date \_\_\_\_\_

Homeowner \_\_\_\_\_ Date \_\_\_\_\_

RETURN this application by email or regular mail to the City address above.

FOR FINANCE USE ONLY

Approved

Denied

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_