



**OFFICE OF THE LIEUTENANT GOVERNOR**  
**REAL PROPERTY TAX DIVISION**  
**OFFICE OF THE TAX ASSESSOR**

1105 King Street • Christiansted, Virgin Islands 00820 • 340.773.6449 • Fax 340.719.2355  
5049 Kongens Gade • Charlotte Amalie, Virgin Islands 00802 • 340.776-8505 • Fax 340.779.7825

**APPLICATION FOR HOMESTEAD TAX CREDIT**

Permanent United States Virgin Islands residency required on January 1

Application due to the Office of the Tax Assessor by March 1

|                      |                                                                                                                                                         |       |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Name                 | Last                                                                                                                                                    | First |
| Parcel Id. No.       |                                                                                                                                                         |       |
| Physical Description |                                                                                                                                                         |       |
| Mailing Address      |                                                                                                                                                         |       |
| Telephone No.        | Email Address                                                                                                                                           |       |
| Proof of identity    | Passport <input type="checkbox"/> Driver's License <input type="checkbox"/> Voter Id. <input type="checkbox"/> Other Gov't Id. <input type="checkbox"/> |       |

| PLEASE ANSWER ALL QUESTIONS SO THAT THE TAX ASSESSOR CAN MAKE THE FINAL DETERMINATION                                                                                                                                                                      |                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Do you presently occupy the property for which you are seeking homestead exemption?                                                                                                                                                                        | YES <input type="checkbox"/> NO <input type="checkbox"/>                           |
| If the answer to Number 1 is NO, is the property occupied by a qualifying family member? (a qualifying family member is your spouse, your parent, or your child by birth/adoption)                                                                         | YES <input type="checkbox"/> NO <input type="checkbox"/>                           |
| If residence is occupied by a qualifying family member, is the family member paying rent?                                                                                                                                                                  | YES <input type="checkbox"/><br>Rental Amount _____<br>NO <input type="checkbox"/> |
| Is this your principal residence? (your principal residence is your true, fixed, and permanent home to which, whenever absent, you intend to return and occupy as your principal residence. <b>(You may only have one principal residence at a time)</b> ) | YES <input type="checkbox"/> NO <input type="checkbox"/>                           |
| Within the last three years, did you reside outside of the United States Virgin Islands? If the answer is yes, please state the date that your residency was terminated _____.                                                                             | YES <input type="checkbox"/> NO <input type="checkbox"/>                           |
| What address did you utilize on your last tax return with the US VI Bureau of Internal Revenue?                                                                                                                                                            |                                                                                    |
| Did you file your last year's tax return with the US VI Bureau of Internal Revenue? If NO, please provide a notarized statement explaining why you did not file.                                                                                           | YES <input type="checkbox"/> NO <input type="checkbox"/>                           |
| Do you claim homestead credit on another property within the Virgin Islands?                                                                                                                                                                               | YES <input type="checkbox"/> NO <input type="checkbox"/>                           |
| Do you claim homestead credit in another state or jurisdiction?                                                                                                                                                                                            | YES <input type="checkbox"/> NO <input type="checkbox"/>                           |

| IN ADDITION TO A HOMESTEAD EXEMPTION I AM APPLYING FOR ONE OTHER TAX CREDIT<br>(select <b>only one</b> other credit below)                                                           |                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| A <b>Veteran</b> tax credit of \$650 because I am a property owner who qualifies as a veteran (or the widow(er) of a veteran) of the Armed Services of the United States of America. |                                                          |
| I have attached a copy of my DD214                                                                                                                                                   | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I am a member of the National Guard who has served for twenty years or more                                                                                                          | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| I am a member of the National Guard who spent more than 30 consecutive days deployed in a war zone                                                                                   | YES <input type="checkbox"/> NO <input type="checkbox"/> |

A **Senior** tax credit of **\$500** because I am a property owner who is 60 years of age or older on January 1 of the applicable taxable year.

|                                                                                        |                              |                             |
|----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| I am 60 years or older                                                                 | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| My total income is less than \$30,000 and my household income is less than \$50,000    | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I have provided all pages of my tax return filed with the USVI Internal Revenue Bureau | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

*\*The senior tax credit under this paragraph is available only when the property owner claiming the credit has an individual annual gross income of less than \$30,000, and the annual gross income of the household is less than \$50,000.*

A **Disability** tax credit in the amount of **\$500** because I am a property owner who has been found to suffer from a disability, as determined by the Social Security Administration, on January 1 of the applicable taxable year

|                                                                                            |                              |                             |
|--------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| I have attached proof of my disability as determined by the Social Security Administration | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| My total income is less than \$30,000 and my household income is less than \$50,000        | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I have provided all pages of my tax return filed with the USVI Internal Revenue Bureau     | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

*\*The disability tax credit is available only when the property owner claiming the credit has an individual annual, gross income of less than \$30,000, and the annual gross income of the household is less than \$50,000.*

A **Certificate of Visitability** tax credit of 20% of the taxes levied by the Tax Assessor because I am a property owner who qualifies under a Certificate of Visitability.

I have attached my Certificate of Visitability issued by the Department of Planning and Natural Resources YES ☐ NO ☐

A **Circuit Breaker** tax credit not to exceed **\$5000** of the taxes levied by the Tax Assessor because I meet the requirements set forth in 33 V.I.C. § 2305(c).

|                                                                                        |                              |                             |
|----------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| I have provided copies of my W-2 filed with the USVI Internal Revenue Bureau           | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| I have provided all pages of my tax return filed with the USVI Internal Revenue Bureau | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

By affixing my signature below, I hereby agree to the following

- I understand and agree that I authorize the Office of the Tax Assessor to obtain all information necessary to determine my eligibility for the exemptions for which I have applied.
- I understand and agree that I hereby certify that the property is my permanent residence that is actually occupied by me.
- I understand and agree to the imposition of legal penalties for failure to supply the Tax Assessor with the requested information, including fines of not more than \$500 or imprisonment not more than one year, or both as provided for under Title 33, Section 2305 (i) Virgin Islands Code and Title 14, Section 843 Virgin Islands Code.
- I understand and agree that in addition to fines and criminal penalties, the Tax Assessor may put a lien on my property if I received a homestead exemption that I was not entitled to receive.
- I understand and agree that this information contained in this application may be shared with other states where I have claimed residency.

.....  
Signature of Property Owner

.....  
Date