



Tax Assistance Program 2023 Application

Date: _____

The Davidson Tax Assistance Program (DTAP) has been developed to provide grant funding on behalf of qualifying residential homeowners. It is the intent of this program to support the town’s goals of anti-displacement as the duty of a civilized state to support the welfare of its people. Eligible residents may apply for assistance from September 1, 2023, through December 15, 2023.

Grant funds will be paid directly to the Mecklenburg or Iredell Tax Collector in an amount up to 25% of the Town of Davidson’s portion of ad valorem taxes on the current year’s tax bill, not to exceed \$335 per year.

The FY2024 DTAP will be funded by a \$22,000 donation from the Davidson Community Foundation.

If you have also applied for the Mecklenburg County Homes Program, you may leave Section 1 blank if you attach a copy of your Mecklenburg County Homes Program application, and approval notification (if available). All applicants must complete Section 2 of this application.

Eligibility Requirements

Please review the following eligibility requirements before submitting an application.

- Assistance applies only to single-family residential properties, including townhouses and condos.
- Assistance excludes property tax on vehicles.
- The property must be located within the Town of Davidson city limits.
- The property must be the owner's legal primary residence at the time of application and consistently for the past three consecutive years as verified by recorded legal documents.
- Ad valorem real estate taxes within the most recent consecutive three bills must be paid in full in order for a resident to be eligible for assistance from the proposed program.
- Household income may not exceed 80% of the area's median income (AMI) based on the number of people in the household. These figures are set annually by the **Department of Housing and Urban Development (HUD)**. Applicants will be required to provide the number of people who live in the household and provide proof of income.

FY2023 80% Area Median Income (AMI) Income Limits (Charlotte HUD Metro Area)

# Persons	1	2	3	4	5	6	7	8
Household income must not exceed:	\$55,850	\$63,800	\$71,800	\$79,750	\$86,150	\$92,550	\$98,900	\$105,300

- Funds will be granted in the order in which the applications were received until funds are exhausted.
- Applicants must not already be participants in any of the following programs:
 - North Carolina Homestead Exclusion
 - North Carolina Property Tax Homestead Circuit Breaker
 - North Carolina Disabled Veterans Exclusion
 - North Carolina Present Use Value (PUV) Program

I have read the eligibility requirements.

Yes

IF YOU MEET THE ELIGIBILITY REQUIREMENTS, CONTINUE WITH THE APPLICATION.

Applications will be accepted from September 1 – December 15, 2023.

Applications and verifications MUST be submitted by December 15, 2023, to be considered.

Have you also applied for the Mecklenburg County Homes Program?

- Yes, I have attached a copy of my Mecklenburg County Homes Program application.
 No

SECTION 1

**Section 1 is required if you do NOT have a copy of your Mecklenburg County Homes Program application.
Section 1: Information about your home and residents of your home**

Full Name: _____
Last First Middle

Residence Address: _____
Street Address

Phone Number: _____ Email: _____

Is this your primary residence: (Circle One) Yes No

Have you lived here for the last 3 years: (Circle One) Yes No

Total number of people in the household (Including children under 18yrs of age): _____

Total income amount of household: \$ _____
(Include all income for household members over 18yrs of age)

Income verification must be included with the application.

Accepted income verification: 2022 IRS Income Tax Return Document(s)

**Paystubs are not an acceptable form of proof of income.*

SECTION 2

Section 2: Disclaimer and Signature

I certify that my answers are true, accurate and complete to the best of my knowledge.

I understand that any false or misleading information in my application may result in the denial of assistance.

Signature: _____ Date: _____
Witness Signature: _____ Date: _____

*A witness signature is only required if signature is an X.

Completed Applications may be: Dropped off at the reception desk at Town Hall - 251 South Street, Davidson, NC 28036
OR Mailed to P.O. Box 579, Davidson, NC 28036 OR Emailed to: DTAP@townof davidson.org