



CITY OF CHARLOTTE AUTO FEE ELDERLY REDUCTION APPLICATION

INSTRUCTIONS

APPLICATION MUST BE FILED WITHIN 30 DAYS FROM TAX BILL DUE DATE

This application is for residents who live within the city limits of Charlotte, who are 65 years of age or older in the month in which the automobile registration expires, and whose disposable income does not exceed \$31,900. Disposable income includes, but is not limited to, all monies received from Social Security, retirement funds, and dividends for the prior year, per Charlotte City Ordinance 13-47 and North Carolina General Statute §105-134.5.

QUALIFICATION REQUIREMENTS:

1. Must live within the city limits of Charlotte.
2. Must be 65 years of age or older in the month in which the automobile registration expires.
3. Disposable gross income (includes all monies received from Social Security, retirement funds, dividends, etc. for the prior year) does not exceed \$31,900. If you do not file taxes, you may send in your Social Security letter or any 1099 that proves your total income.
4. All information, including proof of age and income, must be provided, and the application must be signed to qualify for a partial refund of the auto fee.
5. The tax bill must be paid on time and in full before submitting this application.

INSTRUCTIONS:

1. Please print clearly.
2. Name(s) should appear as registered with the N.C. Department of Motor Vehicles.
3. Please provide current mailing address.
4. Please provide daytime telephone number(s).

***NOTE:** If more than one owner, submit all information for each owner.

Mail completed application and a copy of your prior year state income tax return (or social security statement, 1099 or dividend statements as proof of income), and proof of age to:

Mecklenburg County Tax Collector
P.O. Box 31457
Charlotte, NC 28231-1457

THIS IS NOT AN APPLICATION FOR EXEMPTION ON REAL ESTATE OR MOBILE HOMES

PLEASE PRINT

1. NAME OF OWNER(S) _____
2. ADDRESS _____
3. LICENSE PLATE NUMBER _____
4. DAYTIME TELEPHONE NUMBER _____
5. DATE OF BIRTH _____
6. *INCOME PER YEAR _____
*Enter total dollar amount of gross income, including social security and retirement, for each owner.
7. VEHICLE YEAR _____ MAKE _____
8. TAX BILL NUMBER _____

OWNER _____ CO-OWNER _____ DATE _____
(SIGNATURE) (SIGNATURE)