



**Prince George's County Office of Finance, Treasury Division
Public School System, Classroom Teacher
County Transfer Tax Exemption Affidavit**



PURSUANT TO HB 1197, I/WE HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE FOLLOWING STATEMENTS ARE TRUE:

Eligible Purchaser(s) will be taxed at 1% for County Transfer Tax – Pursuant to County Code 10-187(b) (3)

That I/we am/are the purchaser(s) of residentially improved real property described in the attached deed (“Subject Property) **PROPERTY TAX IDENTIFICATION NUMBER:** _____

That the purchaser(s) of the Subject Property is/are currently employed as a Prince George’s County Public School System Classroom Teacher;

That the purchaser(s) of the Subject Property will occupy the property continuously for a period of at least three (3) years as a principal residence;

That if I/we fail to occupy the Subject Property continuously for a period of at least three (3) years and/or cease to be a Prince George’s County Public Schools System Classroom Teacher, I/we will notify the Prince George's County Office of Finance (“Finance”) within seven (7) working days of the departure from the Subject Property and/or termination of employment and pay the appropriate County Transfer Tax;

That I/we understand that if I/we fail to truthfully answer or provide information to avoid collection of County Transfer Tax, I/we may be found guilty of a misdemeanor and upon conviction may be subject to a fine not exceeding \$5,000.00 or imprisonment not exceeding eighteen (18) months or both; and

I/we authorize Prince George's County to take the appropriate steps necessary to confirm and verify the information given on this affidavit and confirm and verify my/our employment as a classroom teacher.

Signature of Purchaser(s) _____

In the State of _____, at the County/City _____

I HEREBY CERTIFY, on this _____ day of _____, 20_____, before me, the subscriber, a Notary Public, in and for said State and County/City, personally appeared, _____, known to me to be, (or satisfactorily proven) to be the person(s) whose name(s) is/are subscribed to the within affidavit, and acknowledged that he/she/they executed that same for the purposes therein contained, and further acknowledge the information therein is correct, and in my presence signed and sealed the same.

My Commission Expires: _____ / _____ / _____

Notary Public Signature

FOR BOARD OF EDUCATION USE ONLY Date:

Name: _____

Currently employed as a CLASSROOM TEACHER: _____ Y / N (Please circle one)

Name of School: _____

Employment verified by: _____
Sign and Print Name of Human Resources Information Specialist

Contact Phone Number: _____ / _____
Phone Number Email Address