

**APPLICATION FOR
REAL ESTATE TAX
RELIEF FOR THE
ELDERLY OR DISABLED**

COMMISSIONER OF THE REVENUE
DEBRA KLOSKE REASON
P. O. BOX 1604
HOPEWELL, VA 23860

**FILE ON OR BEFORE
APRIL 1, 2009**

**IMPORTANT: Please refer to the requirements on the back of this page before filling out this application.
ALL QUESTIONS MUST BE ANSWERED. All information on this application is confidential and not open
to public inspection.**

Name:
Address:
City, State, Zip Code:

1. APPLICANT (PROPERTY OWNER) CHECK WHICH APPLIES: DISABLED ELDERLY

2. LIST ALL OWNERS OF THE PROPERTY. Use additional sheets if necessary.

Owner: _____ SSN#: _____ Date of Birth: _____

Spouse/Co-owner: _____ SSN#: _____ Date of Birth: _____

If spouse or co-owner is deceased, enter name and date of death: _____

3. NAME(S) APPEARING ON THE TAX BILL: _____

STREET ADDRESS OF THE PROPERTY LOCATED IN HOPEWELL: _____

4. DO YOU OWN ANY OTHER REAL ESTATE? YES NO

If yes, please list the address and location(s) of all real estate other than your primary residence, including any additional lots:

5. LIST THE NAME, RELATIONSHIP, AGE AND SOCIAL SECURITY NUMBER OF ALL RELATIVES OTHER THAN SPOUSE WHO OCCUPY THE RESIDENCE.

| NAME | RELATIONSHIP | AGE | SOCIAL SECURITY # |
|------|--------------|-----|-------------------|
| | | | |

6. PLEASE PROVIDE NAME AND TELEPHONE NUMBER OF NEAREST RELATIVE. _____

For Office Use Only

Real Estate Tax Relief 2009

ACCOUNT# _____

RPC NUMBER _____

DATE COMPLETED

TOTAL VALUE

TOTAL TAX

NET WORTH

LESS ABATEMENT

LESS TAX

NET INCOME

ADJ. VALUE

ADJ. TAX

EXEMPT %

Exemption shall be granted from local real estate taxation or a portion thereof owned and occupied as the sole dwelling of a person who is determined to be permanently and totally disabled. Jointly held property by husband and wife may qualify if either spouse is totally and permanently disabled.

The net combined financial worth cannot exceed \$100,000, including equitable interests as of the 31st day of December of the immediately preceding calendar year of the owners and of the spouse of any owner, excluding the value of the dwelling and land, not to exceed one acre.

The total combined income during the immediately preceding calendar year from all sources of the owners of the dwelling living therein and of the owner's relatives living in the dwelling does not exceed \$32,500, provided that the first \$4,000 of income of each relative, who is not the spouse, of an owner living in the dwelling shall not be included in such total. The first \$10,000 of income will be excluded for permanently disabled individuals.

The person or persons claiming such exemption shall file annually with the Commissioner of the Revenue. Such affidavit shall be filed no later than the 1st day of April each year.

A prorated exemption shall be provided for the portion of the taxable year during which the taxpayer qualified for such exemption.

7. NET WORTH: Please complete the following statement of financial worth as of December 31, 2008 for owner and owner's spouse. Exclude the value of the dwelling and the land, not exceeding one acre, upon which it is situated. Include any additional subdivided lots as assets.

| VALUE OF ASSETS AS OF DEC 31, 2008 | APPLICANT | SPOUSE |
|---|-----------|--------|
| A. VALUE OF ALL REAL ESTATE (DO NOT INCLUDE PERSONAL RESIDENCE) | | |
| B. CHECKING ACCOUNTS (BALANCE 12/31/2008) | | |
| C. SAVINGS ACCOUNTS/CERTIFICATES (BALANCE 12/31/2008) | | |
| D. STOCKS/BONDS (VALUE ON 12/31/2008) | | |
| E. OTHER | | |
| TOTAL ASSETS (Add lines A thru E) | | |

8. GROSS ANNUAL INCOME: DO NOT USE MONTHLY FIGURES

Enter the gross annual income before deductions from all sources for the past calendar year of the applicant and his/her spouse, all relatives or any owner living in the dwelling. Use additional sheets if necessary.

| TOTAL GROSS INCOME | APPLICANT | SPOUSE | RELATIVES LIVING IN THE DWELLING |
|---|-----------|--------|----------------------------------|
| A SALARIES, COMMISSIONS, ETC | | | |
| B PENSIONS | | | |
| C SOCIAL SECURITY | | | |
| D INTEREST/DIVIDENDS | | | |
| E RENT/CAPITAL GAINS/OTHER SOURCES | | | |
| TOTAL GROSS INCOME (Add lines A thru E) | | | |
| EXCLUSIONS (10,000) or (4,000) if applicable | | | |
| TOTAL (subtract Exclusions from Gross) | | | |

I do hereby declare that the information included in this application is, to the best of my knowledge and belief, true and complete and that I am the owner of the property listed and occupy it as my sole residence.

NOTE: It is a misdemeanor for any person to willfully claim an exemption that he does not believe to be true and correct

Signature of Applicant _____ Telephone _____ Date _____