



# CITY OF HOPEWELL, VIRGINIA

P.O. Box 1604

Hopewell, Virginia 23860

Phone: (804) 541-2237 Fax: (804) 541-2207

Debra Kloske Reason, Master Commissioner of the Revenue

# 2017

**\*\*IMPORTANT\*\***

File on or before  
April 1, 2017

## APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY AND DISABLED

Name(s) appearing on the tax bill: \_\_\_\_\_

Address of property located in Hopewell: \_\_\_\_\_

**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.

**Indicate any changes that need to be made on this form.**

**SECTION 1: APPLICANT INFORMATION**

If owner or co-owner is deceased, please enter date of death.

Applicant's Information: \_\_\_\_\_

Name	Date of Birth	SSN	Phone	
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Spouse/Co-Applicant's Information: \_\_\_\_\_

Name	Date of Birth	SSN	Phone	
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Do you own any other real-estate including any additional lot(s)?

If YES, please indicate location(s). \_\_\_\_\_

Does anyone reside in the home other than owners?       YES    NO

If YES, please indicate: \_\_\_\_\_

Name	Relationship	SSN	Age
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Please indicate the name and phone number of your nearest relative NOT living in your home. \_\_\_\_\_

Name	Phone
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Are you disabled?       YES    NO      If YES, please indicate the date you were granted disability.

**FOR OFFICE USE ONLY**

Account: \_\_\_\_\_      RPC: \_\_\_\_\_      Date Completed: \_\_\_\_\_

Total Value: \_\_\_\_\_      Total Tax: \_\_\_\_\_      Net Worth: \_\_\_\_\_

Less Abatement: \_\_\_\_\_      Less Tax: \_\_\_\_\_      Net Income: \_\_\_\_\_

Adjusted Value: \_\_\_\_\_      Adjusted 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 or 65 or over. Jointly held property by husband and wife may qualify if either spouse is totally and permanently disabled or 65 or over.

The net combined financial worth cannot exceed \$100,000, including equitable interests as of the 31<sup>st</sup> 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, and nonrelatives of the owner who lives in the dwelling except for bona fide tenants or bona fide paid caregivers of the owner, shall not exceed \$32,500. 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. Up to \$10,000 of said income of an owner who is permanently disabled shall be excluded from the \$32,500 amount.

The persons claiming such exemption shall file annually with the Commissioner of the Revenue. Such affidavit shall be filed no later than the 1<sup>st</sup> 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.

**Section 2: NET WORTH:**

Please complete the following statement of financial worth as of December 31, 2016 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.

<b>VALUE OF ASSETS AS OF 12/31/2016</b>	<b>APPLICANT</b>	<b>SPOUCE/CO-APPLICANT</b>
A. Value of all real estate (Do not include personal residence)		
B. Checking Accounts (Balance as of 12/31/2016)		
C. Savings Accounts/Certificates (Balance as of 12/31/2016)		
D. Stocks/Bonds (Value as of 12/31/2016)		
E. Other		
<b>Total Assets</b> (Add lines A thru E)		

**Section 3: 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 or her spouse and all relatives, nonrelatives or any owner living in the dwelling. Use additional sheets if necessary.

<b>TOTAL GROSS INCOME</b>	<b>APPLICANT</b>	<b>SPOUSE/CO-APPLICANT</b>	<b>OTHER PERSONS LIVING IN DWELLING</b>
A.. Salaries, Commissions, Etc.			
B. Pensions			
C. Social Security			
D. Interest/Dividends			
E. Rent/Capital Gains/Other Income			
<b>Total Gross Income</b> (Add lines A thru E)			
<b>Exclusions: \$4,000 or \$10,000</b> (if applicable, see instructions above)			
<b>Net Total Income</b> (subtract Exclusions from Total Gross Income)			

**DECLARATION OF TAXPAYER:** I declare that the statements and figures heron are true, full and correct to the best of my knowledge and belief. NOTE: It is a misdemeanor for any person to willfully submit a return which he/she does not believe to be true and correct as to every material matter. (CODE OF VA 58.1-11)

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date