



## Application for Real Estate Tax Relief for Elderly/Disabled

**Commissioner of the Revenue**  
**497 Cumberland St, Room 101**  
**Bristol, Virginia 24201**  
**Ph: 276-645-7316 Fx: 276-645-3790**

**THIS APPLICATION MUST BE FILED EVERY YEAR BETWEEN FEBRUARY 1 AND MAY 1**

Tax Year \_\_\_\_\_

**Applicant:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Soc Sec #:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Soc Sec #:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_ **Account #:** \_\_\_\_\_

**Mailing Address (if different from property address):** \_\_\_\_\_

**Name under which property is listed on deed and tax bill, if different from above:** \_\_\_\_\_

**Is this application being filed due to a disability?** \_\_\_\_\_ **Date of eligibility with Social Security:** \_\_\_\_\_

**Is this dwelling occupied by the applicant as the sole dwelling?** \_\_\_\_\_ **Owner?** \_\_\_\_\_

**Partial ownership?** \_\_\_\_\_

List the name, relationship, age and social security number of each relative other than the applicant(s) who occupies the dwelling for which the exemption is being sought.

Name	Relationship	Age	Social Security Number

### Income

\*Please complete this gross income statement for the preceding calendar year. Proof of income must be attached from all sources of income for the applicant, spouse and any other person living in the dwelling.

Gross Income	Documentation	Applicant	Spouse/Co-Owner	Occupant/Relative
Salaries, Wages, Etc.	W-2, 1099			
Pensions	1099-R			
Social Security/SSI	1099-SSA			
Interest/Dividends	1099-INT, 1099-DIV			
Rental Income	Schedule E			
Public Assistance Fuel & Food Stamps	COLA Notice			
Other Income				
Less Exclusion for Occupants Income				-2,500.00
<b>Total Gross Income</b>				

**\*\* If you file a Federal Income Tax, a copy of your return is required.**

**Total Combine Income of the Applicant, Spouse, and Occupants (OFFICE USE ONLY) \$** \_\_\_\_\_

## Net Worth

Please complete this statement of net financial work as of December 31.

**Note: Exclude the fair market value of the house of residence only and the land upon which it is situated not exceeding one acre. The asset (fair market value) and liability (mortgage) on the exempted property should not be included in the computation of Net Worth.**

Assets	Applicant	Spouse	Occupant/Relative
Real Estate (other than residence)			
Household Furniture (Allow \$1000 per room)			
Automobile(s)			
Savings & Checking (bring bank statements)			
Stocks & Bonds, IRA's & CD's			
Life Insurance & Annuity (Cash Value)			
Other Assets			
<b>Total Assets</b>			

Liabilities	Applicant	Spouse	Occupant/Relative
Notes Payable			
Accounts Payable			
Taxes Due			
Real Estate Mortgages (other than residence)			
Other Debts			
<b>Total Liabilities</b>			

<b>TOTAL COMBINED ASSETS</b>	
<b>TOTAL COMBINED LIABILITES</b>	
<b>TOTAL NET WORTH</b>	

I certify, under the penalties provided by law, that this affidavit, financial statement and accompanying schedules, have been examined by me and to the best of my knowledge and belief is true, correct and complete.

\_\_\_\_\_  
Applicant's Signature Date

\_\_\_\_\_  
Spouse's Signature (if applicable) Date

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### For Office Use Only

Income	Net Worth	Assessed Value	Amount of Tax	Amount of Credit



## **Information for Real Estate Tax Relief for Elderly & Handicapped**

Please mail or drop off applications to:

**Commissioner of the Revenue  
497 Cumberland St., Room 101  
Bristol, VA 24201  
Ph: 276-645-7316 Fx: 276-645-3790**

### **Qualifications** (each of the following must be met for eligibility):

- Must be age 65 and/or totally disabled before January 1 of the tax year.
- Applicant must occupy the dwelling and hold title or partial title.
- Annual household income for all in the home may not exceed \$35,000.
- Total net worth (excluding the house and one acre of land) for all in the home and may not exceed \$50,000.
- An application **MUST BE** completed and sent to our office every year between February 1 and May 1.
- Failure to pay each year's taxes by the due date (June 5 & December 5) will result in forfeiture of the exemption for that year.
- If you are totally disabled, you must provide your awards certification or certification from Social Security as to when you began receiving benefits.

Please send or bring all of the following items that pertain to **you, your spouse and anyone living in the household**, with your application when you apply for this credit.

### **Verification of Income:**

- Federal Income Tax Return for the previous year
- Proof of income
- Social Security Statement - Form 1099-SSA
- SSI Statement
- Fuel Assistance Letter
- Food Stamp Benefits Letter
- Railroad and/or retirement income from ANY source
- Rental Income Receipts
- Inheritance
- Interest & Dividends

### **Verification of Assets:**

- Checking Account Bank Statement from December of the previous year
- Savings Account Bank Statement from December of the previous year
- IRA Account Statements or Savings Bonds Statements