



County of Fluvanna
OFFICE OF THE COMMISSIONER OF THE REVENUE

Andrew M. Sheridan, Jr., Commissioner

P. O. BOX 124
PALMYRA, VIRGINIA 22963-0124

Tax Year: _____

APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY & DISABLED

This application must be filed with the Commissioner of the Revenue between January 1 and March 15 of the tax year.

APPLICANT NAME: _____

ADDRESS: _____

PROPERTY OWNER: _____

Date of Birth: _____

SPOUSE: _____

Date of Birth: _____

Phone #: _____

MAP NUMBER: _____

TOTAL VALUE: \$ _____

1. Is this dwelling occupied by the applicant as sole dwelling? YES NO
2. Is the applicant: Owner Partial Owner

If partial ownership, explain how the ownership is legally held and the proportion owned by applicant.

3. List the name(s), relation, age(s) & social security number(s) of all persons related to the applicant(s) who occupy dwelling:

Name	Relation	Age	Social Security Number

Please complete this gross income statement as of December 31st of the previous year. Included in this statement should be the total *gross* income from all sources for the applicant and spouse. Also include income in excess of \$12,500 of each relative living in the dwelling.

GROSS INCOME	APPLICANT	SPOUSE	Relative living in dwelling
Salaries, Wages, etc	\$	\$	\$
Pensions	\$	\$	\$
Social Security	\$	\$	\$
Interest	\$	\$	\$
Dividends	\$	\$	\$
Rents	\$	\$	\$
Welfare	\$	\$	\$
Gifts	\$	\$	\$
Capital Gains	\$	\$	\$
Trust Fund Income	\$	\$	\$
Other Sources	\$	\$	\$
TOTAL	\$	\$	\$

Total Gross Combined Income of the Applicant, Spouse & Relatives \$ _____

Please complete this statement of net financial worth as of December 31st of the previous year. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, including equitable interest, of the owner of the dwelling for which exemption is claimed, and shall exclude the fair market value of the dwelling and the land, not exceeding one acre, upon which the dwelling is situated.

NET VALUE OF ASSETS	APPLICANT	SPOUSE
Real Estate		
Personal Property (Vehicles, Boats, etc)		
1.		
2.		
3.		
Savings Account(s)		
Checking Account(s)		
Stocks		
Bonds		
Insurance (Cash Value)		
Property in Trust		
Other Assets		
TOTAL ASSETS		
Less Total Liabilities		
Total Combined Net Financial Worth of Applicant & Spouse \$ _____		

*****APPLICATION MUST BE SIGNED BEFORE A NOTARY**

I certify, under the penalties by law, that this application for Real Estate Tax Relief for the Elderly & Disabled, including any accompanying schedules or statements, to the best of my knowledge and belief is true, correct and complete.

Signature: _____

Date: _____

Notary:

County/City of _____ Commonwealth/State of _____

The forgoing instrument was acknowledged before me this _____ day of _____ by _____
(Name of person seeking acknowledgement)

Notary Public

My commission expires: _____