



County of Fluvanna
OFFICE OF THE COMMISSIONER OF THE REVENUE
Andrew M. Sheridan, Jr., Commissioner

P. O. BOX 124
PALMYRA, VIRGINIA 22963-0124
434-591-1939

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: _____ DATE OF BIRTH: _____

SPOUSE: _____ DATE OF BIRTH: _____

ADDRESS:

PROPERTY OWNER: _____

Phone#: _____

MAP NUMBER: _____

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. **Provide proof of all household income.**

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. Excluding the fair market value of the dwelling and the land, not exceeding five acres, upon which the dwelling is situated. **Provide proof of all assets. Bank Statements, IRA, Stocks and any other accounts.**

NET VALUE OF ASSETS	APPLICANT	SPOUSE
Real Estate (OFFICE USE ONLY)	\$	\$
Personal Property (Vehicles, Boats, etc.) 1. 2. 3.		
Savings Account(s) (DECEMBER OF PRIOR YEAR)	\$	\$
Checking Account(s) (DECEMBER OF PRIOR YEAR)	\$	\$
Stocks	\$	\$
Bonds	\$	\$
Insurance (Cash Value)	\$	\$
Property in Trust	\$	\$
Other Assets	\$	\$
TOTAL ASSETS	\$	\$

Total Combined Net Financial Worth of Applicant & Spouse \$ _____

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: _____