HENRY COUNTY, VIRGINIA COMMISSIONER OF THE REVENUE P.O. Box 1077 Collinsville, VA 24078

APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY AND DISABLED

For Office Use Only
Tax Year
Certificate Number
Ticket Number
Amount \$

INSTRUCTIONS TO APPLICANT:

The information on this application must be filled out in its entirety and returned to the Commissioner of the Revenue. Applications must be filed by May 1 of the taxable year for which the exemption is applied. Spaces on the application that do not apply to the taxpayer should be completed as "Not Applicable" or "\$0.00" as indicated by the question. Questions that cannot be answered within the space provided may be answered by attaching additional sheets to this application. This exemption is granted on an annual basis and a new application must be filed each year. All information on the application is confidential and not open to public inspection. For additional information, please phone 276-634-4690.

Applicant:						
		Last Name		First	Middle	
Birth Date:			Social Security No.		Phone	
	Mo.	Day	Yr.			
Spouse:						
(Or Co-Owner	Or Co-Owner) Last Nar		Last Name		First	Middle
Birth Date:			Social Security No.			Phone
	Mo.	Day	Yr.			Phone
	-		s listed and appea			from the applicant or spouse's name:
Residence A	uuress		Street No.		Street	
			City		State	Zip Code
Mailing addr	ess if it is	s differe	nt from the resid	ence address:		
			Street No.		Street	
			City		State	Zip Code

(Read Instructions on Page 4)

	n, Account Number, Et	etc:	
Subdivision:	Se	ectionBlock	Lot
Land Area – Acreag	ge or Sq. Ft.	Assessed Value _	Tax
1. Is this residence occ	cupied by the applican	nt as the sole dwelling? Yes	s 🗆 No 🗀
2. Is the applicant?	Owner	Partial Owner	Life Interest
If partial ownership	o, explain how the own	nership is legally held and the por	tion owned by the applicant.
3. List the names, relaabove residence. List		security numbers of all persons re	lated to the applicant who occupy the Social Security No.
			
Please complete this g	ross income statement	t for the preceding calendar year.	Included in the statement should be the
otal gross income fro	m all sources of the ap	pplicant and all persons related to	Included in the statement should be the applicant living in the above resid
otal gross income fro	m all sources of the ap	pplicant and all persons related to int Spouse	the applicant living in the above residence Relatives living in the above residence Relatives living in residence Relatives Relatives living in residence Relatives Relative Relatives Relatives Relatives Relatives Relatives Relatives Rel
Gross Income Gross Income	Applican \$	pplicant and all persons related to Int Spouse \$	the applicant living in the above residence Relatives living in residence \$
Gross Income Gross Income Pensions	Applican \$	pplicant and all persons related to nt Spouse \$ \$	Relatives living in resider \$ \$
Gross Income Gross Income Gross Income Pensions Social Security	Applican \$ \$ \$ \$	pplicant and all persons related to Int Spouse \$ \$ \$ \$ \$	Relatives living in residers \$ \$ \$ \$
Gross Income Gross Income Gross Income Pensions Social Security Interest	Applican \$ \$ \$ \$ \$ \$	pplicant and all persons related to int Spouse \$ \$ \$ \$ \$ \$ \$ \$	Relatives living in the above resident street stree
Gross Income Gross Income Pensions Social Security Interest Dividends	Applican \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	pplicant and all persons related to Int Spouse \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Relatives living in the above residence \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Gross Income Gross Income Gross Income Pensions Social Security Interest Dividends Rent(s)	Applican \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	pplicant and all persons related to Int Spouse \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Relatives living in the above residence and the series of
Gross Income Gross Income Gross Income Pensions Social Security Interest Dividends Rent(s) Welfare	Applican \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	pplicant and all persons related to int Spouse \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Relatives living in the above residence S S S S S S S S S
Gross Income Gross Income Gross Income Pensions Social Security Interest Dividends Rent(s) Welfare Gifts	Applican \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	pplicant and all persons related to int Spouse \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Relatives living in the above residence S S S S S S S S S
Gross Income Gross Income Gross Income Pensions Social Security Interest Dividends Rent(s) Welfare	Applican \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	pplicant and all persons related to int Spouse \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Relatives living in the above residence S S S S S S S S S

Please complete this statement of net financial worth as of December 31, ______. Net financial worth is computed by subtracting liabilities from assets. Included in this statement should be the net financial worth, including equitable interests, of the applicant and spouse. Exclude the value of the applicant's residence and up to one (1) acre of land upon which the residence is situated.

NET VALUE OF ASSETS	Applicant	Spouse	For Office Use Only
Real Estate*	\$	\$	\$
Personal Property	\$	\$	\$
Savings Account(s)	\$	\$	\$
Checking Account(s)	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
Insurance (Cash Value)	\$	\$	\$
Other Assets:	\$	\$	\$
Total	\$	\$	\$

*Excluding dwelling and up to one acre on which dwelling is located. List all other real estate.
I do swear that the contents of this application are true to the best of my knowledge and belief.
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APPLICANT'S SIGNATURE

Total Combined Net Financial Worth of the Applicant and Spouse \$. .

HENRY COUNTY, VIRGINIA Real Estate Relief for the Elderly and Disabled Requirements for Exemption

- 1. The title of the property for which exemption is claimed is held, or partially held, on January 1 of the taxable year, by the person or persons claiming exemption.
- 2. The head of the household occupying the dwelling and owning title, or partial title, thereto is sixty-five years or older or totally disabled on December 31 of the year immediately preceding the taxable year. Such dwelling must be occupied as the sole dwelling of such person or persons.
- 3. The gross combined income of the owner during the year immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$17,000.00. Gross combined income shall include all income from all sources of the owner and the owner's relatives living in the dwelling for which exemption is claimed. "Owner" as used herein shall also be construed as "owners".
- 4. The total combined financial worth of the owner as of December 31 of the year immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$50,000.00. Total financial worth shall include the value of all assets, including equitable interest of the owner, and of the spouse of any owner, and shall exclude the fair market value of the dwelling and the land, not exceeding one acre, upon which it is situated for which exemption is claimed.
- 5. Annually, and not later than May 1 of the taxable year, the person or persons claiming an exemption must file real estate tax exemption application with the Commissioner of the Revenue.