



# City of Petersburg

## Commissioner of the Revenue

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**Brittany C. Flowers**  
Commissioner of the  
Revenue

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

**\*\* FILE ON OR BEFORE MAY 1, 2023 \*\***

**FAILURE TO SUBMIT A COMPLETED APPLICATION BY DUE DATE WILL DISQUALIFY APPLICANT.**

**IMPORTANT:** Please refer to the requirements on the back of page 4 before filling out this application. ALL QUESTIONS MUST BE ANSWERED. All information on this application is confidential and not open to public inspection. For additional information, please call 804-733-2315.

ACCOUNT: \_\_\_\_\_ PARCEL NUMBER (if known): \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Applicant (Owner) Name: \_\_\_\_\_

SSN#: \_\_\_\_\_ PHONE#: (\_\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Property Address: \_\_\_\_\_, Petersburg, VA 2380\_\_\_\_\_

Applicant (Property Owner) Check which applies: \_\_\_\_\_ DISABLED \_\_\_\_\_ ELDERLY

List all owners of the property. (Attach additional sheets if necessary).

Spouse/Co-owner: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Co-owner: \_\_\_\_\_

SSN#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

NAME(S) APPEARING ON THE TAX BILL: \_\_\_\_\_

Please provide name and telephone number of nearest relative

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Income:		COMMISSIONER'S OFFICE USE ONLY	Assets:	
____ SSA	\$ _____	<b>COMBINED TOTAL:</b> \$ _____	____ Checking	\$ _____
____ Pension	\$ _____		____ Savings	\$ _____
____ Other	\$ _____		____ Vehicles	\$ _____
			____ Property	\$ _____

**INCOME INFORMATION**

Enter the gross **ANNUAL INCOME** before deductions from all sources for the past calendar year. Income will include that of the applicant, spouse, and/or anyone else living in the dwelling. You must provide all financial statements for end of the year showing balance as of **DECEMBER 31, 2022**. If you filed your 2022 Federal Income Taxes, you must provide a copy with this application. Use additional sheets if necessary.

List the name, relationship, age and social security number of all occupants (other than spouse) of the home.

<u>Name(s)</u>	<u>Relationship</u>	<u>Age</u>	<u>Social Security #</u>	<u>Annual Income Amount</u>
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

<b>TOTAL GROSS INCOME (ANNUAL)</b>	<u>APPLICANT</u>	<u>SPOUSE/ CO-OWNER</u>	<u>RELATIVES/OTHER OCCUPANTS LIVING IN THE DWELLING</u>
SALARIES, COMMISSIONS, ETC.	\$ _____	\$ _____	\$ _____
PENSIONS/RETIREMENT	\$ _____	\$ _____	\$ _____
INTEREST/DIVIDENDS	\$ _____	\$ _____	\$ _____
ANNUITIES	\$ _____	\$ _____	\$ _____
VETERANS' BENEFITS	\$ _____	\$ _____	\$ _____
UNEMPLOYMENT	\$ _____	\$ _____	\$ _____
DISABILITY SSI	\$ _____	\$ _____	\$ _____
SOCIAL SECURITY	\$ _____	\$ _____	\$ _____
RENTAL INCOME	\$ _____	\$ _____	\$ _____
WELFARE, ALIMONY, CHILD SUPPORT	\$ _____	\$ _____	\$ _____
OTHER SOURCES (EXPLAIN)	\$ _____	\$ _____	\$ _____
<b>TOTAL</b> (SUBTRACT EXCLUSIONS FROM GROSS)	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
<b>TOTAL COMBINED INCOME OF APPLICANT, SPOUSE AND/OR RELATIVES</b>			<b>\$ _____</b>

**ASSETS INFORMATION**

**VALUE OF ASSETS AS OF DECEMBER 31, 2022**

**\*\* Provide financial statements to support all entries below \*\***

	<u>APPLICANT</u>	<u>SPOUSE/ CO-OWNER</u>	<u>RELATIVES/OTHER OCCUPANTS LIVING IN THE DWELLING</u>
Personal Property (Vehicles)	\$ _____	\$ _____	\$ _____
Checking/Money Market	\$ _____	\$ _____	\$ _____
Savings Account	\$ _____	\$ _____	\$ _____
Stocks/Bonds/Mutual Funds	\$ _____	\$ _____	\$ _____
Certificates of Deposit	\$ _____	\$ _____	\$ _____
IRA's/ Annuities	\$ _____	\$ _____	\$ _____
Other Assets	\$ _____	\$ _____	\$ _____
Total Assets	\$ _____	\$ _____	\$ _____
<i>Less – Total Liabilities (Attach Statement)</i>	\$ _____	\$ _____	\$ _____
Total Combined Net Financial Worth	<b>\$</b> _____	<b>\$</b> _____	<b>\$</b> _____

**DO YOU OWN ANY OTHER REAL ESTATE? \_\_\_\_\_ YES \_\_\_\_\_ NO**

If yes, please fully describe accurately the location of all real estate owned by the applicant, spouse, and/or anyone that is living with the applicant. *(Attach additional sheets if necessary)*

<b>Location/Description of Real Estate</b>	<b>Value \$</b>
_____	\$ _____
_____	\$ _____
<b>Totals:</b>	<b>\$</b> _____

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

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_**

**Sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_**

\_\_\_\_\_  
**Notary Public**

\_\_\_\_\_  
**My Commission Expires**

**Or Applicants Signature Witnessed by the Commissioner of the Revenues Office Staff**

**Office Staff: \_\_\_\_\_ Date \_\_\_\_\_**

## Real Estate Tax Relief for the Elderly or Disabled Requirements for Exemption

- The title of the property for which exemption is claimed must be held or partially held on July 1 of the TAXABLE YEAR by the persons claiming exemption.
- The head of the household occupying the dwelling and owning title, or partial title, must be sixty-five years of age or older on June 30 of the year immediately preceding the taxable year. Such dwelling must be occupied as the sole dwelling of the person or persons not less than sixty-five years of age.
- 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 \$35,000.00. Gross combined income shall include all income from all sources of the owner and spouse and income in excess of \$4,000.00 of any other person living in the dwelling for which exemption is claimed. "Owner" as used herein, shall also be construed as "Owners". Applicant must provide all financial statements as to proof of income.
- The total combined net financial worth of the owner as of December 31<sup>st</sup> of the year immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$70,000.00. Total net financial worth shall include all assets, including equitable interest of the owner of the dwelling for which exemption is claimed and not exceeding one acre, upon which the dwelling is situated. Applicant must provide all financial statements for period ending December 31, 2022. Application will not be approved unless ALL financial statements are provided as required.
- Annually, and not later than May 1 of the Taxable Year, the person or persons claiming an exemption must file a Real Estate Exemption Application with the Commissioner of the Revenue, 144 N Sycamore Street, Petersburg, Virginia 23803.
- Any person who has been granted an exemption is reminded that he/she must report any changes in financial status to the Commissioner of the Revenue at once. (Example of change in status that must be reported: Sale or lease of residence for which exemption is granted, changes in financial worth by such means as gifts, inheritance, insurance proceeds).
- Totally disabled persons must occupy the dwelling and property must be in their name. They must provide a copy of their certification of award from Social Security or notarized statement from (2) different doctors licensed to practice medicine in the State of Virginia, stating they are totally disabled.

Note: Any person or persons falsely claiming an exemption under this Article shall be guilty of a misdemeanor and upon conviction, shall be fined not less than fifty dollars (\$50) and no more than five hundred dollars (\$500) for each offense.

COMMISSIONER'S OFFICE USE ONLY

Date Reviewed: \_\_\_\_\_

Approved     Declined

Reason for decline: \_\_\_\_\_ Signature: \_\_\_\_\_