

COUNTY OF POWHATAN

APPLICATION FOR TAX RELIEF FOR THE ELDERLY, DISABLED VETERANS AND HANDICAPPED

Taxable Year: _____

Name: _____
 (As Recorded On Land Book)

Address: _____

Birthday: _____ (His) Social Security# _____
 _____ (Her) _____

Telephone: _____ Over 65___ Disabled Vet___ Handicapped___

Sole Dwelling of Applicant: Yes___ No___ Owner___ Partial___

****Real Estate Information**** District_____ Map #_____ Acreage_____

Income Information of All Residents Living in Home:
(Gross Income)

	Applicant	Spouse	Other Relative
*Salaries and Wages			
*Pensions			
*Social Security			
*Interest & Dividends			
*All Other Sources			
**Sub-Total			

***Deduct \$6,500.00 Per Relative Other Than Spouse** _____

***Deduct \$7,500 of Owner for Permanent Disability** _____

Grand Total ***** \$ _____

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Financial Information

Net Value of Assets

	Applicant	Spouse
*Real Estate (Less One Acre & House)		
*Personal Property		
*Saving Accounts		
*Checking Accounts		
*Stocks & Bonds		
*Other		
*Sub-Total		

Grand Total* ** \$ _____**

Applicant's Certification

I certify under the penalties provided by law that this application for real estate tax relief, including any accompanying schedules and/or statements, to the best of my knowledge and belief is true, correct and complete.

Date: _____ Signature: _____

****Please Take Note: Taxes Must Be Paid By December 5th To Avoid Penalty And Interest**

FOR OFFICE USE ONLY

Assessed Value of One Acre of Land: _____
Assessed Value of Dwelling: _____
Total Assessed Value: _____ x Current Tax Rate _____ = \$ _____
Assessed Value of Mobile Home: _____ x Current Tax Rate _____ = \$ _____
(If Applicable)