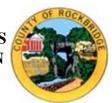


REAL ESTATE TAX ASSISTANCE SENIOR OR DISABLED CITIZENS ROCKBRIDGE COUNTY/TOWN OF GLASGOW/TOWN OF GOSHEN



DAVID WHITESELL, COMMISSIONER OF THE REVENUE

P O BOX 1160 LEXINGTON, VA 24450-1160 TELEPHONE: 540-463-3431 OFFICE LOCATED AT: 150 SOUTH MAIN STREET LEXINGTON, VA 24450

REAL ESTATE TAX ASSISTANCE FOR SENIOR AND/OR DISABLED HOMEOWNERS.	
CERTIFICATION OF ELIGIBILITY FOR TAX YEAR	
All information on this Financial Statement is confidential and not open for public inspecti	ion

INSTRUCTIONS FOR COMPLETING THIS FORM PLEASE READ CAREFULLY

- 1. All questions on this application must be completed to the best of your knowledge and ability.
- To be eligible for the tax assistance program you must complete and return this application to the Commissioner of the Revenue's Office between January 1 and April 1, and NO APPLICATION CAN BE ACCEPTED AFTER APRIL 1ST.
- 3. A new form must be completed each year. If you are approved for the tax assistance program, our office will mail you an application the following year.

SECTION A

State Code 58.1-3210, 58.1-3211 and 58.1-3212 provides that the relief shall be granted to persons subject to the following provisions:

- 1. The person or persons applying must be owners or partial owners and must occupy the dwelling on the real estate for which application is being made.
- 2. A dwelling jointly held by a husband and wife may qualify if either spouse is sixty-five (65) years or over on December 31st of the preceding taxable year or permanently and totally disabled.
- 3. The gross combined income of the owners and any relatives living in the dwelling during the preceding calendar year shall not exceed \$50,000; however, the first \$10,000 of income of each relative, other than a spouse or owner shall not be included in such total.
- 4. The net combined financial worth, including equitable interests, as of December 31st of the preceding calendar year, of the owners, and of the spouse, shall not exceed \$200,000. This amount shall not include the value of the sole dwelling and up to two acres of land.

PERMANENTLY AND TOTALLY DISABLED

- (b) The same tax assistance for such property of a person who is determined to be permanently and totally disabled as described in paragraph (c), whether they have reached the age of sixty-five or not, provided they otherwise meet all the requirements set forth in the preceding paragraphs.
- (c) If such person applying for assistance is under sixty-five years of age and claiming total or permanent disability, he or she shall be required to submit the required financial statement, and, in addition with the first application, a certification of Railroad Retirement Board, Veterans Administration, Civil Service Commission, or Social Security Administration which shall indicate that the applicant has been determined to be permanently and totally disabled such that he/she is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of such person's life. If such person is not eligible for such certification by any of the above mentioned agencies, a sworn statement by two medical doctors licensed to practice medicine in the Commonwealth of Virginia to the effect that such person is totally and permanently disabled is acceptable; so long as the statement of at least one doctor is based upon a physical examination of such person by such doctor.

SECTION B						
Please print the following	information	ı:				
Applicant's Name						
	LAST		FIRST		MIDDLE	
Applicant's Birthdate	MONTH	DAY	YEAR	_ Social Security Nur	nber	
Spouse Name						
	LAST		FIRST		MIDDLE	
Spouse Birthdate				Social Security Nur	nber	
	MONTH	DAY	YEAR			
If applicant(s) employ	yed, list pl	ace of emp	loyment			
701 11 C C	n	. 1				
The address of my ful	II-time res	idence is _	NUMBER AND STREET	CITY	STATE	ZIP
Telephone Number _						
						
Length of ownership						
List below the Names occupy the above resi		ship and So	ocial Security N	-	related to the owner	
1						
2						
۷						
3						
If relative(s) employed, li	st place of e	mployment				

SECTION C

GROSS INCOME SECTION

List all INCOME for Yourself, Spouse and any Relative living with You.	Applicant	Spouse	Relative 1	Relative 2	Relative 3
Pensions					
Social Security					
Interest and Dividends					
Annuities and IRA Income					
Rental Income					
Salary					
Bonus and Commissions					
Alimony/Child Support					
Public Assistance					
Other Income					
Subtotal Gross Income for Each					
Less \$10,000 for Relative(s) Income			\$10,000	\$10,000	\$10,000
Total Gross Income					

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NET WORTH - ASSETS SECTION

List all Assets for Yourself and Spouse	Applicant	Spouse
Cash on Hand and in Checking		
Savings Accounts		
Certificates		
IRA Accounts		
Listed Stocks and Bonds		
Cash Value of Annuity		
Cash Value of Life Insurance		
Real Estate other than residence		
Mortgages on Trust Notes due Me		
Other Notes and Accounts due Me		
Automobile(s) Fair Market Value		
Total Assets		

List All Motor Ve Year	hicles and Mobile Homes Below: Make			

SECTION E

I declare under the penalties provided by law that this affidavit, financial statement and any accompanying schedules, have been examined by me and to the best of my knowledge and belief are true, correct, and complete.

Any person or persons falsely claiming an exemption shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not exceeding \$1000.00.

Signature of Applicant

Date

Date

Approved for Tax Year Beginning January 1, 20____.

Commissioner of the Revenue/Deputy Commissioner