



**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 inspection.

**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.
2. 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:

Applicant’s Name _____
LAST FIRST MIDDLE

Applicant’s Birthdate _____ Social Security Number _____
MONTH DAY YEAR

Spouse Name _____
LAST FIRST MIDDLE

Spouse Birthdate _____ Social Security Number _____
MONTH DAY YEAR

If applicant(s) employed, list place of employment _____

The address of my full-time residence is _____
NUMBER AND STREET CITY STATE ZIP

Telephone Number _____

Length of ownership _____

List below the Names, Relationship and Social Security Number of all persons related to the owner(s) that occupy the above residence:

<small>NAME</small>	<small>RELATIONSHIP</small>	<small>SOCIAL SECURITY NUMBER</small>
1. _____		
2. _____		
3. _____		

If relative(s) employed, list place of employment _____

SECTION C

GROSS INCOME SECTION

List all INCOME for Yourself, Spouse and any Relative living with You.	<i>Applicant</i>	<i>Spouse</i>	<i>Relative 1</i>	<i>Relative 2</i>	<i>Relative 3</i>
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					

SECTION D

NET WORTH – ASSETS SECTION

List all Assets for Yourself and Spouse	<i>Applicant</i>	<i>Spouse</i>	<i>List All Motor Vehicles and Mobile Homes Below:</i>	
			<i>Year</i>	<i>Make</i>
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				

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

Signature of Spouse

Date

Approved for Tax Year Beginning January 1, 20____.

Commissioner of the Revenue/Deputy Commissioner