

RICHMOND COUNTY

P.O. BOX 1000

WARSAW, VIRGINIA 22572

PHONE: 804-333-3415

Application for Real Estate Tax Exemption For Elderly and/or Disabled Homeowners

The information required on this application must be filled out entirely and returned to the County Administrator's Office between February 1 and May 1 of each year for which relief is sought. Applications must be filed by May 1st of the taxable year for which the exemption is applied to qualify. Complete all spaces on the application that are applicable. Questions that cannot be answered within the spaces may be answered by attaching additional sheets to this application. The exemption is granted on an annual basis and a new application must be filed each year. The exemption is calculated on the value of the dwelling and no more than one acre of land. Any unpaid real estate taxes pertaining to this exemption must be paid as of August 1 of the current year, in order to receive the tax relief exemption. All information on the application is confidential and not open to public inspection.

APPLICANT: _____
Last Name First Middle

BIRTHDATE: _____ SOCIAL SECURITY # _____
Mo. Day Year Age

SPOUSE: _____
Last Name First Middle

BIRTHDATE: _____ SOCIAL SECURITY # _____
Mo. Day Year Age

MAILING ADDRESS: _____ PHONE # _____

PHYSICAL ADDRESS (if different from mailing address): _____

Name under which property is listed and appears on the tax bill, if different from the applicant or spouse's name:

-
1. Is the dwelling occupied by the applicant as the sole dwelling? Yes ___ No ___
If no, what is the address/location of where applicant resides? _____
 2. Is the dwelling on the property a Manufactured Home (Singlewide or Doublewide)? _____
 3. Is the applicant? Elderly _____ Disabled _____
 4. Is the applicant? Sole owner _____ Partial Owner _____

If partial ownership, explain how the ownership is legally held and the proportion owned by applicant.

4. List the names, relation, ages, and social security numbers of all persons who occupy the dwelling, other than the owners. DO NOT LIST OCCUPANTS WITH NO INCOME.

OCCUPANT(S)	RELATION	AGE	SOCIAL SECURITY #
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			

GROSS INCOME SCHEDULE

Please complete the Gross Income schedule for the prior year ending December 31st. Included in this schedule should be the total gross income, from **all** sources, of the applicant, spouse, and occupants, if any.

GROSS INCOME	APPLICANT	SPOUSE	OCCUPANT-1	OCCUPANT-2	OCCUPANT-3
Salaries, Wages, Etc					
Pensions/Retirement					
Social Security					
Interest					
Dividends					
Rent (s)					
Public Assistance					
Capital Gains					
Trust Fund Income					
All Other Sources					
Less Occupants Income			(\$4,000.00)	(\$4,000.00)	(\$4,000.00)
Total For Each Column					
Total Gross Income Of Applicant, Spouse and Occupants \$ _____					

If gross combined income is over \$20,000.00 no exemption is allowed.

NET WORTH SCHEDULE

Please complete the schedule of net financial worth from the prior year ending December 31st. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, including equitable interest, of the owner of the dwelling and the spouse, for which exemption is claimed, and shall exclude the fair market value of the dwelling and the land, not exceeding one acre upon which the dwelling is situated.

NET VALUE OF ASSETS	APPLICANT	SPOUSE
Real Estate (other than residence)		
Automobile(s) (Fair Market Value)		
Savings Account(s)		
Checking Account(s)		
Cash on Hand		
Stocks & Bonds		
Life Insurance and Annuity (Cash Value)		
Property in Trust		
Other Assets		
TOTAL ASSETS (LINE A)		
Less – LIABILITIES		
Notes Payable		
Accounts Payable		
Mortgages Payable (Other than Residence)		
Taxes Due – Federal, Local, & State		
All Other Debts		
TOTAL LIABILITIES (Line B)		
NET WORTH (SUBTRACT LINE B FROM LINE A)		

If combined net worth is over \$100,000, no exemption is allowed.

COMBINED NET WORTH (APPLICANT & SPOUSE – LINE C) \$ _____	
EXEMPTION PERCENTAGE SCHEDULE	
Total Combined Income	Percentage Exemption of Tax
\$0-\$14,000 -----	100%
\$14,001-\$16,000 -----	80%
\$16,001-\$18,000 -----	60%
\$18,001-\$20,000 -----	40%
\$20,001 and Above -----	0%
<i>Note: Exemption of tax relief shall not exceed \$400.00 annually.</i>	

**COUNTY OF RICHMOND
STATE OF VIRGINIA**

THIS IS TO CERTIFY that I understand that I must file annually, between February 1 and May 1; the property seeking tax exemption is my sole domicile; I have listed the names and income of all persons occupying my sole domicile; that the total combined net worth and the total combined income from all sources does not exceed the limits listed in the Richmond County Ordinance; and that any unpaid real estate taxes pertaining to this exemption must be paid as of August 1 of the current year, in order to receive the tax relief exemption. I understand that changes in respect to income, financial worth, ownership of property or other factors occurring during the taxable year for which this affidavit is being filed, shall nullify any exemption for the current year and the taxable year immediately following and that a material misstatement to obtain tax relief shall be punished as a misdemeanor.

OATH – I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

Signature of Applicant

**State of _____
County of _____**

**Sworn (or affirmed) to before me this _____ day of _____
20____.**

**Signature of a notary public
(or other Officer administering oath)**

My commission expires:_____

Notary Registration #:_____

AUTHORIZATION FOR INVESTIGATION

I hereby give my consent and permission to any governmental agency, any corporation, financial institution, retirement system, or other source of income to me, to release to the Commissioner of the Revenue of Richmond County, Virginia, or his/her duly authorized deputies or agents, any information he/she may request for the purpose of ascertaining my eligibility for relief under the "Real Estate Tax Exemption Ordinance" of Richmond County, Virginia.

Signed: _____

Name

Address

Witness (if signed by mark)

Date

Name, relationship, address if person/persons giving information is not the land owner.

Name(s) _____

Relationship _____

Address _____

Telephone Number _____