

2023 REAL ESTATE TAX RELIEF APPLICATION

APPLICANT (PROPERTY OWNER) INFORMATION **Last Name First Name** Middle Name Date of Birth (Mo/Day/Yr) **Social Security Number Telephone Number** SPOUSE (CO-OWNERS) INFORMATION **Last Name** Middle Name First Name Date of Birth (Mo/Day/Yr) **Social Security Number** Telephone Number **Email Addresses** Name under which property is listed and appears on the tax bill, if different from applicant or spouse's name: **Last Name First Name** Middle Name Property/Residence Address Street Address City State Zip Code Mailing address if it is different from the Property Address Street Address/Post Office Box State Zip Code City Property Description (Refer to your Tax Bill) Account Number **Map Number** District/Town Land Area – Acreage or Square Feet **Real Estate Assessment Mobile Home Assessment** Power of Attorney/Alternate Contact **Phone Numbers/Email Address** Name

1.	Is this residence occupied by the	e applicant as the sole dw	velling? \(\subseteq \text{Y}	es No		
2.	Is the applicant? Owner Owner If partial ownership, explain ho	Partial Owner ow the ownership is legall	y held and the	portion owned by the applicant.		
3.	List the names, relation, ages, and social security numbers of all persons related to the applicant who occupies the above residence.					
	NAME	RELATION	AGE	SOCIAL SECURITY NO.		

4. Please complete this gross income statement for the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant and all persons related to applicant living in the above.

GROSS INCOME	APPLICANT	SPOUSE	RELATIVES LIVING IN RESIDENCE			
Gross Earnings						
Pensions						
Social Security						
Interest						
Dividends						
Rent(s)						
Welfare						
Gifts						
Capital Gains						
Other						
Totals						
TOTAL GROSS INCOME OF APPLICANT/SPOUSE/RELATIVES						

5. Please complete this statement of net financial worth as of December 31. Net financial worth is computed by subtracting liabilities from assets. Included in this statement should be the net financial worth including equitable interests, of the applicant and spouse. Exclude the value of the applicant's residence and up to one (1) acre of land upon which the residence is situated.

NET VALUE OF ASSETS	APPLICANT	SPOUSE	OFFICE USE	
Real Estate				
Personal Property				
Savings Account(s)				
Checking Account(s)				
Stocks				
Bonds				
Insurance(Cash Value)				
Other Assets:				
TOTAL				
TOTAL COMBINED NET WORTH OF APPLICANT/SPOUSERELATIVES				

Note: The false claiming of information in this application shall constitute a misdemeanor; any person convicted of such misdemeanor may be punished by a fine not exceeding five hundred dollars (\$500.00).

	AFFIDAVIT				
COMES NOWOF legal age, having first sworn and on my oath state the foregoing statements are true and accurate to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violating the limitations and conditions provided by the Tax of the County of Surry Virginia, shall shall any exemption for the current taxable year.					
I have read the foregoing affidavit and swear that its contents are true to the best of my knowledge and belief.					
	APPLICANT(S) SIGNATURE	DATE			
STATE OF VIRGINIA COUNTY OF SURRY, to wit: I hereby certify that					
Subscribed and sworn to before me the un day of, 2023.	dersigned Notary Public in my county and sta	te aforesaid the			
My commission expires					
-	Notary Publi	c			