



County of Sussex, VA
Ellen G. Boone
Commissioner of the Revenue

2023 Real Estate Tax Relief Application

APPLICANT (PROPERTY OWNER) INFORMATION

| | | |
|---------------------------------|-------------------------------|-------------------------|
| Last Name | First Name | Middle Name |
| Date of Birth (mm/dd/yy) | Social Security Number | Telephone Number |

SPOUSE (CO-OWNERS) INFORMATION

| | | |
|---------------------------------|-------------------------------|-------------------------|
| Last Name | First Name | Middle Name |
| Date of Birth (mm/dd/yy) | Social Security Number | Telephone Number |

Name under which property is listed and appears on 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 | City | State | Zip Code |
|-----------------------|-------------|--------------|-----------------|

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

| | |
|-------------|----------------------|
| Name | Phone Numbers |
|-------------|----------------------|

1. Is this residence occupied by the applicant as the sole dwelling? Yes No

2. Is the applicant? Owner Partial Owner

If partial ownership, explain how the ownership is legally 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 Number |
|------|----------|-----|------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

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 | | | |
| Rents | | | |
| 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 interest 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 Accounts | | | |
| Checking Accounts | | | |
| Stocks | | | |
| Bonds | | | |
| Insurance (cash value) | | | |
| Others Assets: | | | |
| TOTAL | | | |
| TOTAL COMBINED NET WORTH OF APPLICANT/SPOUSE/RELATIVES | | | |

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 NOW _____ OF 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 Sussex Virginia, shall nullify 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 SUSSEX, to wit:

I hereby certify that _____ personally appeared before me in my county and state aforesaid who being first duly sworn by me acknowledged the signature to the foregoing affidavit to be his own and stated that on the information and belief the said statements are true and correct.

Subscribed and sworn to before me the undersigned Notary Public in my county and state aforesaid the _____ day of _____, 2023.

My commission expires _____.

Notary Public