



Please complete all information on all pages. Place the word "NONE", "N/A", or "0" on any line that does not apply to you.

**Applicant:** \_\_\_\_\_  
Last Name First Middle

**Birth Date:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Month Day Year

**Spouse:** \_\_\_\_\_  
Last Name First Middle

**Birth Date:** \_\_\_\_\_ **Social Security No.** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Month Day Year

**Street Address of Property:** \_\_\_\_\_

**Mailing Address – if different:** \_\_\_\_\_  
\_\_\_\_\_

**Complete the following questions.**

1. Is the property occupied by the applicant as his/her sole dwelling? Yes \_\_\_\_ No \_\_\_\_

2. Is the applicant an Owner \_\_\_\_\_ Partial Owner \_\_\_\_\_ or an Estate \_\_\_\_\_?

A. If Owner or Partial Owner, list name of all owners and their percentage of ownership.

_____	_____
Name	Percentage of Ownership
_____	_____
Name	Percentage of Ownership
_____	_____
Name	Percentage of Ownership
_____	_____
Name	Percentage of Ownership

B. If Owner is an estate, please provide the following:

_____	_____
Name of Decedent	Date of Death
_____	_____
Name of Heir	Percentage of Ownership
_____	_____
Name of Heir	Percentage of Ownership
_____	_____
Name of Heir	Percentage of Ownership
_____	_____
Name of Heir	Percentage of Ownership

3. Are there any relatives of the applicant or their spouse living in the residence? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please complete the following:

Name	Relationship	Age	SSN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Are any of the above acting as a caregiver of the application and/or spouse? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of caregiver: \_\_\_\_\_

**GROSS INCOME – Report the total gross income in 2011 for the applicant, spouse and all other relatives living in the dwelling. If more than one relative lives in the dwelling, attach a separate sheet with the following information.**

Source of Income	Applicant	Spouse	Relatives	Total
Salaries, Wages, etc.	\$ _____	\$ _____	\$ _____	\$ _____
Pensions & Annuities	\$ _____	\$ _____	\$ _____	\$ _____
Social Security or Railroad Retirement	\$ _____	\$ _____	\$ _____	\$ _____
Interest & Dividends	\$ _____	\$ _____	\$ _____	\$ _____
IRA Distributions	\$ _____	\$ _____	\$ _____	\$ _____
Capital Gains	\$ _____	\$ _____	\$ _____	\$ _____
Rental Income	\$ _____	\$ _____	\$ _____	\$ _____
Public Assistance	\$ _____	\$ _____	\$ _____	\$ _____
Gifts	\$ _____	\$ _____	\$ _____	\$ _____
Other Sources	\$ _____	\$ _____	\$ _____	\$ _____
<b>SUBTOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>
Less \$10,000 from relative's total income	\$ N/A	\$ N/A	\$ (10,000)	\$ _____
<b>TOTAL GROSS INCOME</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

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**NET WORTH – Net worth is calculated by subtracting your liabilities from your assets. Use the value as of December 31, 2011 for each category listed below.**

<b>ASSETS</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Total</b>
Real Estate located in Hanover County other than your residence	\$	\$	\$
Real Estate located outside of Hanover County (attach copy of tax bill)	\$	\$	\$
Motor vehicles, boats, trailers, campers, etc.	\$	\$	\$
Checking & Money Market Accounts	\$	\$	\$
Savings Accounts	\$	\$	\$
Certificates of Deposit	\$	\$	\$
Stocks, Bonds, Mutual Funds, etc	\$	\$	\$
Life Insurance (Cash Value, if any)	\$	\$	\$
Worker's Compensation Benefits	\$	\$	\$
Other Sources	\$	\$	\$
IRAs, Annuities, 401K Plans	\$	\$	\$
Other Assets (i.e. Trust Accounts)	\$	\$	\$
<b>TOTAL ASSETS (A)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**LESS ANY LIABILITIES:**

Notes Payable – unpaid balance of bank loans for vehicles, boats, etc.	\$	\$	\$
Accounts Payable – unpaid balance due retail merchants or charge plans	\$	\$	\$
Real Estate located outside of Hanover County (attach copy of tax bill)	\$	\$	\$
Mortgages Payable – do not include mortgage on property requesting tax relief	\$	\$	\$
Federal, State or Local Taxes Due	\$	\$	\$
Other Debt – unpaid balance due doctors, dentist, hospital, etc.	\$	\$	\$
<b>TOTAL LIABILITIES (B)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

<b>TOTAL NET WORTH</b>			
<b>Subtract Liabilities (B) from Assets (A)</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

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**AFFIDAVIT FOR REAL ESTATE TAX RELIEF**

**I do hereby declare that my income and net worth are true and correct to the best of my knowledge and belief and that the property is my sole residence. Any person, who knowingly falsely claims an exemption shall be guilty of a misdemeanor and upon conviction thereof, may be punished by a fine not to exceed \$1,000 or confinement in jail not to exceed twelve months or both.**

**In addition, this signed affidavit allows the qualified applicant's name and property address to be released, if applicable, to the Department of Public Utilities and/or Department of Fire and EMS for the purpose of receiving any allowable discounts for services. This release remains in effect for three years unless you notify us otherwise.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Phone Number

The application will be returned if the applicant has not signed and/or the signature has not been witnessed by another adult other than your spouse. If a person is signing as Power of Attorney, please indicate this and include a copy of the Power of Attorney. **Make sure you have completed all items on the checklist at the bottom of the page before mailing your application.**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

If you wish to authorize the Commissioner of the Revenue or his staff to discuss the information contained in this application with any person other than you (the applicant) and authorize such person to receive information regarding your eligibility for this program, please complete the section below.

Due to Virginia State Code §58.1-3, if no one is listed below, the Commissioner of the Revenue or his staff will not be able to disclose the information contained in this application or supporting documentation to any person other than the applicant unless a notarized power of attorney is provided.

**I authorize the following individual to receive or discuss confidential information pertaining to this application.**

Name of Contact Person  
\_\_\_\_\_

Address of Contact Person  
\_\_\_\_\_  
\_\_\_\_\_

Telephone of Contact Person  
\_\_\_\_\_

Email of Contact Person  
\_\_\_\_\_

**Applicant's Signature**  
\_\_\_\_\_

**Date**  
\_\_\_\_\_

**Before you mail this form...have you completed the following?**

- \_\_\_\_\_ 1. All questions & blanks were filled in with an answer or "None" "0" or "N/A"
- \_\_\_\_\_ 2. Applicant signed on this page. If Power of Attorney has signed, include a copy of Power of Attorney.
- \_\_\_\_\_ 3. Applicant's signature was witnessed by another independent adult. Your spouse may not sign as your witness.
- \_\_\_\_\_ 4. Return the completed application by MARCH 1 to the Commissioner of Revenue.

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<b>CATEGORY</b>	<b>AMOUNT</b>	<b>INITIALS</b>	<b>DATE</b>	<b>NOTES</b>	
INCOME					
NETWORTH					
RELIEF %					
OWNERSHIP%					
ADD'L OWNER'S NAME					
ADD'L OWNER QUALIFIES					
UTILITIES					
STATUS					
APP TYPE					
PHONE #					
ADD'L PCL GPIN					
ADD'L PCL GPIN					
ADD'L PCL GPIN					
PCL > 10 ACRES					
LAND USE				VERIFIED	
REAL ESTATE NOT IN HANOVER					
		SCANNED			