



T. Scott Harris, MCR
Commissioner

COUNTY OF HANOVER, VIRGINIA APPLICATION FOR REAL ESTATE TAX RELIEF-SENIOR TAX YEAR 2012

Office of the Commissioner of the Revenue
PO Box 129, Hanover, VA 23069
Tel: (804) 365-6128 Fax: (804) 365-6111
Email: commissioner@co.hanover.va.us

■■■■→ **FILING DEADLINE IS MARCH 1** ←■■■■

Applicant Name & Mailing Address	Account Number	Office Received Date
	GPIN:	
	AC:	

GENERAL INFORMATION AND REQUIREMENTS

- ❖ The applicant must be **65** years old or older by **December 31st** of the preceding year.
- ❖ The applicant must reside on the property and be either an owner or partial owner of the property on December 31st of the preceding year. If a partial owner (other than a spouse) resides on the property, who also meets the tax relief qualifications, the partial owner must file a separate application to receive tax relief on their portion.
- ❖ If the applicant is in a hospital or other extended care facility on December 31st, they may still qualify if the house is not rented or leased for consideration.
- ❖ Gross combined income of all household members cannot exceed **\$50,000**.
- ❖ Combined financial worth of the applicants may not exceed **\$200,000**.
- ❖ The value of the house and up to **ten (10) acres of land** is excluded from the combined financial worth calculation.
- ❖ All income of relatives living in the house (other than the spouse) must be included in the gross combined income; however the first \$10,000 from each relative (other than the spouse) may be excluded.
- ❖ Tax relief will be based on the percentage of ownership of the qualifying applicants.
- ❖ Applications are required every three years. Between years, a signed affidavit will be required to continue your tax relief status. If there has been a significant change in your income or assets you must immediately notify the Commissioner of the Revenue.

If you require assistance in completing this form, we can assist you in person at the Wickham Building, 7497 County Complex Road, Room 107, Hanover, VA., or by telephone at (804) 365-6128. No appointment is necessary for this service.

In accordance with Hanover County Code §22-23, the Commissioner of the Revenue shall make any other reasonably necessary inquiries of persons seeking an exemption under this division, requiring answers under oath, to determine the qualification for such exemption. For such purpose, the Commissioner may require the production of certain supporting documentation including, but not limited to income tax returns and related forms, social security documents, and bank statements to establish the income or financial worth of any applicant for relief.

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	\$	\$	\$	\$
SUBTOTAL	\$	\$	\$	\$
Less \$10,000 from relative's total income	\$ N/A	\$ N/A	\$ (10,000)	\$
TOTAL GROSS INCOME	\$	\$	\$	\$

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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.

ASSETS	Applicant	Spouse	Total
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)	\$	\$	\$
TOTAL ASSETS (A)	\$	\$	\$

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.	\$	\$	\$
TOTAL LIABILITIES (B)	\$	\$	\$



TOTAL NET WORTH			
Subtract Liabilities (B) from Assets (A)	\$	\$	\$

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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 this 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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CATEGORY	AMOUNT	INITIALS	DATE	NOTES	
INCOME					
NET WORTH					
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				