

APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY OR DISABLED
FILE ON OR BEFORE MAY 1, 2012

City of Petersburg, Virginia
135 N. Union Street
Petersburg, Va. 23803
Phone (804)733-2315
Pamela C. Hairston, Commissioner of the Revenue

IMPORTANT: Please refer to the requirements on the back of page 4 before filling out this application. ALL QUESTIONS MUST BE ANSWERED. All information on this application is confidential and not open to public inspection. For additional information, please call 733-2315.

Name: _____

Address: _____

City/State/Zip Code: _____

Applicant (Property Owner) Check which applies: ___DISABLED ___ELDERLY

List all owners of the property. Attach additional sheets if necessary.

Owner: _____

SSN# _____ Date of Birth: _____

Spouse/Co-owner _____

SSN# _____ Date of Birth: _____

NAME(S) APPEARING ON THE TAX BILL: _____

STREET ADDRESS OF THE PROPERTY LOCATED IN PETERSBURG:

ACCOUNT AND PARCEL NUMBER _____ - _____ - _____

List the name, relationship, age and social security number of all relatives other than spouse who occupy the residence:

Name	Relationship	Age	Social Security#	Income
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Please provide name and telephone number of nearest relative

APPLICANTS ANNUAL INCOME FOR 2011: (Do not use monthly figures)
Enter the gross annual income before deductions from all sources for the past calendar year of the applicant and his/her spouse, all relatives or any owner living in the dwelling. Use additional sheets if necessary.

TOTAL GROSS INCOME	APPLICANT	SPOUSE	RELATIVES LIVING IN DWELLING
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SALARIES, COMMISSIONS, ETC _____

PENSIONS/RETIREMENT _____

INTEREST/DIVIDENDS _____

ANNUITIES _____

VETERANS BENEFITS _____

UNEMPLOYMENT _____

DISABILITY SSI _____

SOCIAL
SECURITY _____

RENTAL INCOME _____

WELFARE, ALIMONY,
CHILD SUPPORT _____

OTHER SOURCES (EXPLAIN) _____

TOTAL (SUBTRACT EXLCUSIONS FROM GROSS)

TOTAL COMBINED INCOME OF APPLICANT, SPOUSE AND RELATIVE \$ _____

FAILURE TO SUBMIT APPLICATION BY MAY 1, 2012 WILL DISQUALIFY APPLICANT
NOTE: IF YOU FILED A FEDERAL INCOME TAX RETURN FOR 2011 ATTACH A COPY

DO YOU OWN ANY OTHER REAL ESTATE? ____ YES ____ NO

If yes, please state accurately the location and describe fully all real estate owned by the applicant, spouse and relatives living with applicant.

Location and Description of Real Estate	Gross Value	Assessed Value

Totals	_____	_____

VALUE OF ASSETS AS OF DEC 31, 2011

	Applicant	Spouse
Personal Property (Vehicles)	_____	_____
Checking/Money Market	_____	_____
Savings Account	_____	_____
Stocks/Bonds/Mutual Funds	_____	_____
Certificates of Deposit	_____	_____
IRA's/ Annuities	_____	_____
Other Assets	_____	_____
Total Assets	_____	_____
Less – Total Liabilities (Attach Statement)	_____	_____
Total Combined Net Financial Worth	_____	_____

I certify, under the penalties provided by law, that this application for Real Estate Tax Relief, including any accompanying schedules or statements, to the best of my knowledge and belief, is true, correct and complete.

Signature of Applicant _____ **Telephone** _____ **Date** _____

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

Notary Public

My Commission Expires

Witnessed By _____

**Real Estate Tax Relief For The Elderly Or Disabled
Requirements for Exemption**

1. The title of the property for which exemption is claimed must be held or partially held on July 1 of the TAXABLE YEAR by the persons claiming exemption.
2. The head of the household occupying the dwelling and owning title, or partial title, Must be sixty-five years of age or older on June 30 of the year immediately proceeding the taxable year. Such dwelling must be occupied as the sole dwelling of the persons not less than sixty-five years of age.
3. The gross combined income of the owner during the year immediately preceding the Taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$30,000.00. Gross combined income shall include all income from all sources of the owner and spouse and income in excess of \$4,000.00 of each relative living in the dwelling for which exemption is claimed. "Owner" as used herein, shall also be construed as "Owners".
4. The total combined net financial worth of the owner as of December 31 of the year Immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$60,000.00. Total Net financial worth shall include all assets, including equitable interest of the owner of the dwelling for which exemption is claimed and not exceeding one acre, upon which the dwelling is situated.
5. Annually, and not later than May 1 of the Taxable Year, the person or persons claiming and exemption must file a Real Estate Exemption Application with the Commissioner of the Revenue, 135 N. Union Street, Petersburg, Virginia 23803.
6. Any person who has been granted an exemption is reminded that he/she must report any changes in his financial status to the Commissioner of the Revenue at once. (Example of change in status that must be reported: Sale of or lease of residence on which exemption is granted, changes in financial worth by such means of gifts, inheritance, insurance proceeds).
7. Totally disabled persons must occupy the dwelling and property must be in their name. They must bring a copy of their certification of award from Social Security or notarized statement from (2) different doctors licensed to practice medicine in the State of Virginia, stating they are totally disabled.

Note: Any person or persons falsely claiming an exemption under this Article shall be guilty of a misdemeanor and upon conviction, shall be fined not less than fifty and no more than five hundred dollars for each offense.

Date Reviewed _____

Disapproved _____

Approved _____

Reason _____

