County of Fluvanna

OFFICE OF THE COMMISSIONER OF THE REVENUE
Lauren R. Sheridan, Commissioner

P. O. BOX 124
PALMYRA, VIRGINIA 22963-0124
434-591-1939
sbrown@fluvanna.gov

Tax Year: _____

APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY & DISABLED

This application must be filed with the Commissioner of the Revenue between January 1 and March 31 of the tax year.

APPLICANT: _____

ADDRESS: _____

Date of Birth: _____

SPOUSE: _____

Date of Birth: _____

Name under which property appears on tax bill, if different from applicant or spouse's name:

NAME: _____

PARCEL ID/MAP NUMBER (Copy from tax bill): _____

1. Is this dwelling occupied by the applicant as sole dwelling? YES ☐ NO ☐

2. Is the applicant: Owner ☐ Partial Owner ☐

If partial ownership, explain how the ownership is legally held and the proportion owned by applicant.

3. List the name(s), relation, age(s) & social security number(s) of all persons related to the applicant(s) who occupy dwelling:

Name	Relation	Age	Social Security Number

Please complete this gross income statement as of December 31st of the previous year. Included in this statement should be the total *gross* income from all sources for the applicant and spouse. Also include income in excess of $12,500 of each relative living in the dwelling. Provide proof of all household income. GROSS INCOME CANNOT EXCEED $50,000

GROSS INCOME	APPLICANT	SPOUSE	Relative living in dwelling
Salaries, Wages, etc.	$	$	$
Pensions	$	$	$
Social Security	$	$	$
Interest	$	$	$
Dividends	$	$	$
Rents	$	$	$
Welfare	$	$	$
Gifts	$	$	$
Capital Gains	$	$	$
Trust Fund Income	$	$	$
Other Sources	$	$	$
TOTAL	**$**	**$**	**$**

Total Gross Combined Income of the Applicant, Spouse & Relatives $ _____

Please complete this statement of net financial worth as of December 31st of the previous year. Excluding the fair market value of the dwelling and the land, not exceeding five acres, upon which the dwelling is situated. Provide proof of all assets. Bank Statements, IRA, Stocks and any other accounts. ASSETS NOT TO EXCEED $160,000

NET VALUE OF ASSETS	APPLICANT	SPOUSE
Real Estate (OFFICE USE ONLY)	$	$
Personal Property (Vehicles, Boats, etc.) 1. 2. 3.	$ $ $ $	$ $ $ $
Savings Account(s) DECEMBER STATEMENT ONLY	$	$
Checking Account(s) DECEMBER STATEMENT ONLY	$	$
Stocks and Bonds	$	$
IRA	$	$
Property in Trust	$	$
Insurance (Cash Value)	$	$
Other Assets	$	$
TOTAL ASSETS	$	$
Less Personal Property Liability		

Total Combined Net Financial Worth of Applicant & Spouse **$**

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

Applicant Signature Phone Date

Spouse Signature Phone Date