

APPLICATION 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.

Date

Signature of Applicant

Date

Signature of Spouse

Date

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 the application completely.**

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 Section 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

Applicant Signature

Telephone of Contact Person

Email of Contact Person

Commissioner of the Revenue
Southampton County

26022 Administration Center Dr.
P.O. Box 760
Courtland, VA 23837

Phone: 757-653-3030

Application for Real Estate Tax Exemption
for Elderly and Handicapped Homeowners

The information required on this application must be filled out in its entirety and returned to the Commissioner of the Revenue. The program runs on a three year filing cycle with an annual certification being filed for the years in between. This certification will indicate the income and net worth do not exceed or otherwise violate the limitations and conditions of the program. All information on the application and certification is confidential and not open to public inspection. **Applications and Certifications must be filed by March 1st of the taxable year for which the exemption is applied.**

Applicant:

Last name

First

Middle

Please check here if applying for the first time:

Phone Number:

Birth Date:

Mo. Day Year Age

Social Security Number:

Spouse:

Last name

First

Middle

Birth Date:

Mo. Day Year Age

Social Security Number:

Address:

Name under which property is listed and appears on the tax bill, if different from the applicant or spouse name:

Do Not Write Below This Line

For Office Use Only			
		Real Estate	Personal Property
Taxable Year	Percentage of relief granted:_____%		
	Value of qualifying property		
Parcel Number	Current Year Tax Value		
	Value of Relief Granted		
Date Received			
	Value to be Paid by Taxpayer		
Town			

County of Southampton

1.

Is this dwelling occupied by the applicant as the sole dwelling?

Yes_____No_____
2.

Is the applicant?

Elderly_____or Handicapped_____
3.

Is the applicant:

Sole Owner_____or Partial owner_____

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

4.

List the names, relation, ages and social security numbers of all persons related to the owner(s) who occupy the above dwelling. Do not list relatives with no income.

Name	Relation	Age	Social Security Number

Gross Income Schedule

Please complete the Gross Income Schedule for the calendar year 20___. Included in this statement should be the total gross income from all sources of the applicant and spouse, also income of each relative living in the dwelling.

Gross Income	Applicant	Spouse	Relative 1	Relative 2	Relative 3
Wages, Salaries, Etc.					
Pensions or Retirement					
Social Security					
IRA					
SSI					
Interest as of 12-31					
Dividends as of 12-31					
Rental Income					
Fuel Assistance					
Coolant Assistance					
Food Stamps					
Trust Fund Income					
All Other Icome					
Less Relative Income			-6,500.00	-6,500.00	-6,500.00
Total for Each Column					
Total Gross Combined Income of Applicant, Spouse and Relatives				\$	

If gross combined income is over \$40,300.99 no exemption is allowed.

Net Worth Schedule

Please complete this schedule of net financial worth as of December 31, 20___. Net financial worth is computed by subtracting liabilities from assets and shall include assets, including equitable interest, of the owner of the dwelling and the spouse, for which exemption is claimed, and shall exclude the fair market value of the dwelling and the land, not exceeding one acre upon which the dwelling is situated.

Net Value of Assets	Applicant	Spouse
Real Estate (other than residence)		
Automobile(s) (Fair Market Value)		
Farm Machinery & Equipment		
Savings Account - balance as of 12-31		
Savings Certificate - balance as of 12-31		
Checking Accounts – balance as of 12-31		
Cash on Hand		
Stocks and Bonds – value as of 12-31		
Life Insurance & Annuity (Cash Value as of 12-31)		
Property Held in Trust		
Other Assets		
Total Assets (Line A)		
Less – Liabilities		
Notes Payable – balance of loans		
Credit Card balances		
Mortgages Payable (other than Residence)		
Taxes Due – Federal, State, and Local		
All Other Debts		
Total Liabilities (Line B)		
Net Worth (Subtract line B from line A) (Line C)		
Combined net Worth of Applicant & Spouse (Total both columns of Line C)		

If combined net worth is over \$168,501.00, no exemption is allowed.

Exemption Percentage Schedule

Range of Income	Exemption	Notes
\$0 - \$23,400 \$23,401 - \$29,100 \$29,101 - \$34,600 \$34,601 - \$40,300.99 \$40,301 and above	100% up to a maximum of \$1,000 75% up to a maximum of \$1,000 50% up to a maximum of \$1,000 25% up to a maximum of \$1,000 0% No Relief Granted	