



City of Staunton  
Office of  
**Commissioner of Revenue**  
116 West Beverley Street  
Post Office Box 4  
Staunton, VA 24402-0004  
(540) 332-3829  
(540) 851-4022 (Fax)

**APPLICATION  
DUE DATE:  
May 1, 2012**

## APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY AND/OR TOTALLY DISABLED

READ REQUIREMENTS FOR EXEMPTION ON PAGE 4.

The information required on this application must be filled out in its entirety and returned to:

Commissioner of Revenue  
Post Office Box 4  
Staunton, VA 24402-0004

Applications must be filed by **May 1, 2012**. Complete all spaces on the application that apply to you. Questions that cannot be answered within the spaces provided may be answered by attaching additional pages to this application. **Tax Relief is granted on an annual basis and a new application must be filed each year.** All information on this application is confidential and not available to the public for inspection. For additional information and/or assistance in filling out this application, please call (540) 332-3829.

65 or over       Permanently and Totally Disabled

APPLICANT NAME: \_\_\_\_\_ (Property Owner)

BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

SPOUSE/JOINT OWNER NAME: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

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

NAME: \_\_\_\_\_

ADDRESS OF PROPERTY: \_\_\_\_\_

ACCOUNT AND PARCEL NUMBER AS SHOWN ON TAX BILL: \_\_\_\_\_

Please supply the name and address of a friend or family member that we may contact, in your behalf, in future years if we are unable to make contact with you.

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

YOUR SIGNATURE: \_\_\_\_\_

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

2. Is the Applicant Owner or partial Owner?.....OWNER  PARTIAL

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

List the names, relationships, ages and social security numbers of all persons who occupy the above dwelling, with the exception of bonafide tenants or bonafide paid caregivers.

NAME	RELATIONSHIP (son, mother, friend, etc.)	AGE	SOCIAL SECURITY NUMBER

Please complete this gross income statement for the calendar year 2011. Include total gross income from all sources of the applicant, spouse and each person living in the dwelling. (Use back of this form if additional space is needed.)

GROSS INCOME	APPLICANT	SPOUSE	RELATIVES/ NONRELATIVES LIVING IN DWELLING
SALARIES, WAGES, ETC.			
PENSIONS			
SOCIAL SECURITY			
INTEREST			
DIVIDENDS			
RENTAL INCOME			
WELFARE			
GIFTS			
CAPITAL GAINS			
OTHER SOURCES			
TOTALS			

Total gross combined income (Applicant and Spouse) .....\$ \_\_\_\_\_

Add: Each relatives income in excess of \$2,500.....\$ \_\_\_\_\_

TOTAL ADJUSTED GROSS COMBINED HOUSEHOLD INCOME.....\$ \_\_\_\_\_

Please complete this statement of net financial worth as of December 31, 2011. Net financial worth is computed by subtracting liabilities from assets and shall include all assets including equitable interest of the property owner and of the owner's spouse, excluding the fair market value of the dwelling and the land, not exceeding one acre, upon which the dwelling is located.

ASSETS	APPLICANT	SPOUSE	REMARKS
REAL ESTATE (other than the home you live in)			
PERSONAL PROPERTY (automobiles, campers, etc.)			
SAVINGS ACCOUNT(S) (December 31 <sup>st</sup> balance)			
CHECKING ACCOUNT(S) (December 31 <sup>st</sup> balance)			
STOCKS			
BONDS			
INSURANCE (cash value)			
OTHER ASSETS			
TOTALS			

TOTAL COMBINED NET FINANCIAL WORTH (applicant and spouse).....\$ \_\_\_\_\_

**AFFIDAVIT**

I herby certify, under the penalties by law, that this application for Real Estate Tax Relief for the Elderly and/or Permanently and Totally Disabled, including any accompanying schedule or statements, to the best of my knowledge and belief are true, correct, and complete.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
APPLICANTS SIGNATURE

FOR OFFICE USE ONLY

INCOME \_\_\_\_\_ NET WORTH \_\_\_\_\_ RELIEF \_\_\_\_\_ %

TOTAL ASSESSED VALUE \$ \_\_\_\_\_ x 0.0090 = \$ \_\_\_\_\_ TAX ASSESSED

x \_\_\_\_\_ % RELIEF

\$ \_\_\_\_\_ AMOUNT OF RELIEF



# Guidelines for Real Estate Tax Relief

1. You must own (or partially own) the property, for which you request relief, on January 1 of the tax year.
2. The head of the household occupying the dwelling and owning title, or partial title thereto, must be at least sixty-five (65) years old or permanently and totally disabled on December 31 for the year preceding the tax year. If the head of household is under age sixty-five (65), you must attached a certificate from the Veterans Administration or the Railroad Retirement Board. If you are not eligible for certification by either of the afore mentioned agencies, you must attached a sworn affidavit by two (2) medical doctors licensed to practice medicine in the Commonwealth of Virginia. These sworn affidavits must state that the applicant is totally and permanently disabled. The affidavit of at least one (1) of the doctors shall be based upon a physical examination of you by the doctor who makes the sworn statement.
3. The gross combined income of the owner during the year immediately preceding the tax year shall be determined, by the Commissioner of the Revenue, to be an amount not to exceed \$30,000. Gross combined income shall include all income, from all sources of the owner and spouse and income in excess of \$2,500 of each person living in the dwelling for which exemption is claimed. "Owner" as used herein shall be construed as "Owners".
4. The total combined net financial worth of the owner as of December 31, of the year immediately preceding the tax year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$62,500. Total net financial worth shall include all assets, including equitable interest, of the owner and of the spouse of any owner for which exemption for is claimed, shall exclude the fair market value of the dwelling and the land, not exceeding one acre, upon which the dwelling is located.
5. Annually, and not later than May 1 of the taxable year, the person or persons claiming and exemption must file an application for tax relief with the Commissioner of the Revenue.
6. Failure to pay the difference between the exemption and the full amount of taxes levied on the property for which the exemption is issued, by the deadlines established for collection, shall constitute a forfeiture of the exemption.
7. Any person or persons falsely claiming an exemption under this Ordinance shall be guilty of a misdemeanor and upon conviction thereof, shall be punishable in the manner prescribed in Section 11.1 of the code of the City of Staunton.
8. We must have documentation of all figures that are put on this application including income, bank account statements, social security, pensions, stocks, bonds, insurance, interest, etc. Please attach this documentation to your completed application.

## **TAX EXEMPTION (RELIEF) SCHEDULE**

2012

Gross Combined Income	Net Worth						
	\$0 – \$25,000	\$25,001 - \$31,250	\$31,251 - \$37,500	\$37,501 - \$43,750	\$43,751 - \$50,000	\$50,001 - \$56,250	\$56,251 - \$62,500
\$0 - \$18,000	100%	90%	80%	70%	60%	50%	45%
\$18,001 - \$21,000	85%	75%	65%	55%	50%	45%	40%
\$21,001 - \$24,000	70%	60%	55%	50%	45%	40%	35%
\$24,001 - \$27,000	50%	45%	40%	35%	30%	25%	20%
\$27,001 - \$30,000	35%	30%	25%	20%	15%	10%	5%

Revised 12/1/2008