



TAZEWELL COUNTY, VIRGINIA
OFFICE OF THE COMMISSIONER OF REVENUE
DAVID R. ANDERSON, COMMISSIONER
101 EAST MAIN STREET, SUITE 201
TAZEWELL, VIRGINIA 24651-1071
PHONE: (276) 385-1235 FAX: (276) 988-5221
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REAL ESTATE TAX RELIEF FOR THE ELDERLY

The Commissioner of Revenue's office administers Tazewell County's Real Estate Tax Relief program for the elderly. You may qualify for tax relief if you meet the conditions below:

- 1. The title to the property for which the exemption is claimed must be held or partially held on January 1 of the taxable year, by the person or persons claiming the exemption.**
- 2. The applicant must be sixty-five (65) years of age, or older, on or before December 31 of the year immediately preceding the tax year for which exemption is desired.**
- 3. The person claiming the exemption shall file annually, but not later than April 1 of the taxable year on forms supplied by the Commissioner of the Revenue. Please note filing period January 1st to April 1st. Applications received or postmarked after April 1st will not be accepted. You will need to apply every year.**
- 4. The gross combined income of the owners and any relatives living in the dwelling during the preceding calendar year shall not exceed \$30,000; however, the first \$4,000 of income of each relative, other than spouse or owner, shall not be included in such total. Please note application has been revised as of January 1, 2015. You will need to furnish documents or statements requested on application when applying.**
- 5. The net combined financial worth, including equitable interest, as of December 31 of the immediately preceding calendar year, of the owners and of the spouse of any owner shall not exceed \$75,000. This amount shall not include the value of the sole dwelling and is limited to the lot or one acre of land. Please note application has been revised as of January 1, 2015. You will need to furnish documents or statements requested on application when applying.**
- 6. The maximum amount of exemption for any person is \$300 annually.**

*******FOR ASSISTANCE CALL OR VISIT AT THE ABOVE ADDRESS*******



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APPLICATION FOR REAL ESTATE TAX EXEMPTION FOR ELDERLY



FILING PERIOD JANUARY 1st TO APRIL 1st

APPLICATIONS RECEIVED OR POSTMARKED AFTER APRIL 1st WILL NOT BE ACCEPTED



MUST APPLY EVERY YEAR

APPLICANT : _____

ADDRESS: _____

BIRTH DATE: _____ SOCIAL SECURITY # _____ PHONE # _____
 (MUST BE 65 YRS OLD BY DECEMBER 31ST OF THE PRECEDING YEAR)

SPOUSE: _____

BIRTH DATE: _____ SOCIAL SECURITY # _____ PHONE # _____

NAME UNDER WHICH PROPERTY IS LISTED AND APPEARS ON THE TAX BILL, IF DIFFERENT FROM THE APPLICANT OR SPOUSE

NAME : _____

STREET ADDRESS OF PROPERTY: _____ TAX MAP #: _____

1. PLEASE COMPLETE THE FOLLOWING GROSS INCOME STATEMENT BASED ON THE PREVIOUS YEARS INCOME. TOTAL GROSS INCOME SHALL INCLUDE ALL SOURCES FROM ALL RESIDENTS LIVING IN THE DWELLING AND CANNOT EXCEED \$30,000; HOWEVER, THE FIRST \$4,000 OF INCOME OF EACH RELATIVE, OTHER THAN THE SPOUSE OR OWNER, SHALL NOT BE INCLUDED IN TOTAL. ATTACH A COPY OF FEDERAL INCOME TAX RETURN, IF FILED, OR COPIES OF LISTED DOCUMENTATIONS REQUIRED.

GROSS INCOME	DOCUMENTATION REQUIRED	APPLICANT	SPOUSE	RELATIVES/OTHERS LIVING IN DWELLING
GROSS EARNINGS	W-2, 1099	\$	\$	\$
SOCIAL SECURITY/SSI	1099-SSA or SSI LETTER	\$	\$	\$
ALIMONY	LEGAL DOCUMENTS	\$	\$	\$
PENSIONS: MINERS, VETERANS, BLACK LUNG, ETC...	1099-R	\$	\$	\$
RAILROAD RETIREMENT	RRB-1099/RRB-1099R	\$	\$	\$
INTEREST/DIVIDENDS	1099-INT/OID/DIV	\$	\$	\$
INVESTMENT DISTRIBUTIONS	1099-R	\$	\$	\$
RENTAL INCOME	SCHEDULE E	\$	\$	\$
CAPITAL GAINS	SCHEDULE D	\$	\$	\$
OTHER SOURCES	SPECIFY	\$	\$	\$
TOTAL - GROSS INCOME		\$	\$	\$

****IN ACCORDANCE WITH TAZEWELL COUNTY CODE 18-66D, THE COMMISSIONER OF THE REVENUE SHALL ALSO MAKE ANY OTHER REASONABLY NECESSARY INQUIRY OF THE PERSON SEEKING SUCH EXEMPTION, REQUIRING ANSWERS UNDER OATH, TO DETERMINE QUALIFICATIONS AS SPECIFIED IN THE DIVISION. THE COMMISSIONER OF THE REVENUE MAY, IN ADDITION, REQUIRE THE PRODUCTION OF CERTIFIED TAX RETURNS TO ESTABLISH THE INCOME OR FINANCIAL WORTH OF ANY APPLICANT FOR TAX RELIEF.**

2. IS THIS RESIDENCE OCCUPIED BY THE APPLICANT AS THE SOLE DWELLING? _____ YES _____ NO

3. IS THE APPLICANT OWNER? _____ YES _____ NO. IF NO, PLEASE EXPLAIN HOW THE APPLICANT HAS AN INTEREST IN THE PROPERTY: _____

4. LIST THE NAMES, RELATIONSHIP, AGES, AND SOCIAL SECURITY NUMBERS OF ALL PERSONS WHO OCCUPY THE RESIDENCES FOR EXEMPTION BEING REQUESTED OTHER THAN THE APPLICANT AND SPOUSE.

NAME	RELATIONSHIP	AGE	SOCIAL SECURITY #	INCOME
				\$
				\$
				\$

5. PLEASE COMPLETE THE FOLLOWING NET FINANCIAL WORTH STATEMENT AS OF DECEMBER 31ST OF THE PRECEDING CALENDAR YEAR. COMBINED FINANCIAL NET WORTH OF THE APPLICANTS CANNOT EXCEED \$75,000. **PLEASE INCLUDE REQUIRED DOCUMENTATION FOR VERIFICATION.**

NET VALUE OF ASSETS	DOCUMENTATION REQUIRED	APPLICANT	SPOUSE
REAL ESTATE ASSESSED VALUES NOT OWNED IN TAZEWELL COUNTY	COPIES OF TAX ASSESSMENT REQUIRED IF ADDITIONAL REAL ESTATE IS NOT IN TAZEWELL CTY		
VEHICLES: YR _____ MAKE _____ MODEL _____ YR _____ MAKE _____ MODEL _____	COPIES OF TAX ASSESSMENT REQUIRED IF VEHICLES ARE ASSESSED IN ANOTHER LOCALITY		
MOBILE HOME: YR _____ MAKE _____ MODEL _____	COPIES OF TAX ASSESSMENT REQUIRED IF MOBILE HOMES ARE ASSESSED IN ANOTHER LOCALITY		
CHECKING ACCOUNT (\$)	BANK STATEMENT AS OF 12/31/14	\$	\$
SAVINGS ACCOUNT (\$)	BANK STATEMENT AS OF 12/31/14	\$	\$
CERTIFICATES OF DEPOSIT (\$)	BANK STATEMENT AS OF 12/31/14	\$	\$
STOCKS/BONDS	ACCT STATEMENT AS OF 12/31/14	\$	\$
IRA(S), MUTUAL FUNDS, ANNUITY, ETC	ACCT STATEMENT AS OF 12/31/14	\$	\$
LIFE INSURANCE POLICY - CASH VALUE	ACCT STATEMENT AS OF 12/31/14	\$	\$
TOTAL - ASSETS		\$	\$

ALL INFORMATION ON THIS APPLICATION IS CONFIDENTIAL AND NOT OPEN TO PUBLIC INSPECTION. TAZEWELL COUNTY CODE §18-70, ANY PERSON FALSELY CLAIMING AN EXEMPTION UNDER THE DIVISION SHALL BE GUILTY OF A CLASS 1 MISDEMEANOR AS DEFINED IN CODE OF VIRGINIA §18.2-11.

CERTIFICATE

I, CERTIFY, UNDER THE PENALTIES PROVIDED BY LAW, THAT THIS APPLICATION FOR REAL ESTATE TAX RELIEF IS MY SOLE RESIDENCE, AND THE INCOME AND NET WORTH REPORTED WITH ACCOMPANYING SCHEDULES OR STATEMENTS, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____ DATE: _____ 2015
 SIGNATURE OF SPOUSE : _____ DATE: _____ 2015
 SIGNATURE IF SIGNING AS POWER OF ATTORNEY OR A WITNESS: _____ 2015

AUTHORIZATION FOR RELEASE OF INFORMATION

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: _____ ADDRESS OF CONTACT: _____
 TELEPHONE OF CONTACT: _____ EMAIL OF CONTACT: _____
 APPLICANT'S SIGNATURE: _____ DATE: _____ 2015

*****REMEMBER: FILING PERIOD JANUARY 1st TO APRIL 1st/MUST APPLY EVERY YEAR/APPLICATIONS RECEIVED OR POSTMARKED AFTER APRIL 1st WILL NOT BE ACCEPTED*****