

COUNTY OF CAROLINE

COMMISSIONER OF THE REVENUE

P.O. BOX 819 BOWLING GREEN, VIRGINIA 22427 PHONE: 633-9834

Application for Real Estate Tax Exemption For Elderly and Handicapped Homeowners

The information required on this application must be filled out entirely and returned to the Commissioner of Revenue. Applications must be filed by March 31st of the taxable year for which the exemption is applied. Complete all spaces on the application that are applicable. Questions that cannot be answered within the spaces may be answered by attaching additional sheets to this application. This exemption is granted on an annual basis and a new application must be filed each year. All information on the application is confidential and not open to public inspection.

APPLICANT: _____
Last Name First Middle

BIRTHDATE: _____ SOCIAL SECURITY NO. _____
Mo. Day Year Age

SPOUSE: _____
Last Name First Middle

BIRTHDATE: _____ SOCIAL SECURITY NO. _____
Mo. Day Year Age

ADDRESS: _____ PHONE NO.: _____

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

FOR OFFICE USE ONLY		
INCOME		
_____ TAXABLE YEAR	Percentage of Relief Granted	_____
_____ PARCEL NUMBER	Current Value	_____
_____ DATE RECEIVED	Amount of Relief Granted	_____
	Taxable Value	_____

1. Is this dwelling occupied by the applicant as the sole dwelling? Yes No
2. Is the applicant? Elderly Handicapped
3. Is the applicant? Sole owner 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 who occupy the dwelling other than the owners. Do not list occupants with no income.

NAME	RELATION	AGE	SOCIAL SECURITY NO.
1.			
2.			
3.			
4.			
5.			

GROSS INCOME SCHEDULE

Please complete the Gross Income Schedule for the prior calendar year. Included in this statement should be the total gross income from all sources of the applicant and spouse. Also income of each person living in the dwelling.

GROSS INCOME	APPLICANT	SPOUSE	OCCUPANT-1	OCCUPANT-2	OCCUPANT-3
Salaries, Wages, Etc.					
Pensions or Retirement					
Social Security					
Interest					
Dividends					
Rent(s)					
Public Assistance					
Capital Gains					
Trust Fund Income					
All Other Sources					
Less Occupants Income Exemption					
Total For Each Column					

Total Gross Income of Applicant, Spouse and Occupants \$ _____

****If gross combined income is over \$40,000.00, no exemption is allowed.****

NET WORTH SCHEDULE

Please complete this Schedule of net financial worth as of December 31st of the prior year. Net financial worth shall include all assets, including equitable interest, of the owner of the dwelling and the spouse, for which exemption is claimed. Net financial worth shall exclude the fair market value of the dwelling and the land, not exceeding ten acres upon which the dwelling is situated.

NET VALUE OF ASSETS	APPLICANT	SPOUSE
Real Estate (other than residence)		
Automobile(s) (Fair Market Value)		
Savings Account(s)		
Checking Account(s)		
Cash on Hand		
Stocks & Bonds		
Life Insurance and Annuity (Cash Value)		
Property In Trust		
Other Assets		
TOTAL ASSETS		

COMBINED NET WORTH (TOTAL ASSETS = APPLICANT+SPOUSE)

****If combined net worth is over \$85,000.00, no exemption is allowed.****

EXEMPTION PERCENTAGE SCHEDULE

Annual Household Income (After exclusions) Maximum Assets (Excluding value of residence and 10 acres of land)

	\$0 - \$45,000	\$45,001 - \$85,000
\$0 - \$12,000	95%	80%
\$12,001 - \$20,000	75%	60%
\$22,001 - \$30,000	55%	40%
\$30,001 - \$40,000	35%	20%

"Any change in respect to total combined income, net combined: financial worth, ownership of the dwelling exempted, or other factors, which occur during the taxable year for which the affidavit is filed, and which has the effect of exceeding or violating the limitations and conditions of this article, shall nullify any exemption for the then current taxable year, and the taxable year immediately following."

AFFIDAVIT

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

Date

Signature of Applicant

Date

Signature of Spouse

If unable to contact applicant, name and phone number of nearest relative:

Name: _____

Phone #: _____