

**APPLICATION FOR TAX RELIEF
COUNTY OF ACCOMACK
COMMISSIONER OF THE REVENUE
PO BOX 186
ACCOMACK, VIRGINIA 23301
757-787-5747 or 757-824-5664
Fax: 757-789-3674**

Dear Accomack County Resident:

Please review all requested information carefully before you complete this application. Except as noted on the form, all information must be provided along with documentation to support each entry. If you file Federal and State Income Taxes, please include a complete signed copy of the 2018 return with your application. Failure to submit all documentation or to complete this application in its entirety will disqualify you from tax relief for 2019.

If you or your spouse are applying for tax relief as permanently and totally disabled, certification and date disability began must be provided by at least one of the following:

- 1) Veterans Administration or Railroad Retirement Board.
- 2) Affidavit signed by two doctors who are either licensed to practice medicine in Virginia, or are military officers on active duty who practice medicine with the United States Armed Forces.
- 3) Certification by the Social Security Administration. **PLEASE NOTE:** Certification by the Social Security Administration will only be valid for the period the person certified remains eligible for such social security benefits.

FILE THIS APPLICATION NO LATER THAN MARCH 1, 2019.

*Applicants must be **County** residents.

***All occupants'** income must be reported and proof be provided.

*All applications must be **signed** and **witnessed**. Failure to do so may delay or void tax relief.

*Proof of income must be furnished with application. **EX: Dec 31ST Bank Balance (January Statement), SSA-1099, Tax Returns, Retirement, Food Stamps & Fuel Assistance Letter**

2019 GENERAL INFORMATION

* The applicant must be at least 65 years of age, or permanently and totally disabled, on or before December 31 of the year proceeding the taxable year.

* The dwelling must be the applicants' sole primary residence.

* The gross income from all sources of the owner(s) of the dwelling and any occupant of the owner(s) who reside in the dwelling may not exceed \$28,000.

Gross income limitations and percentage of relief

\$15,001 - 28,000	50%
\$ 0 - 15,000	100%

MAXIMUM TAX RELIEF - \$500

* Up to **\$6,500** of an occupant's income may be excluded if the occupant (other than the spouse) resides in the applicant's dwelling.

* The total net assets of the applicant and of his/her spouse who reside in the applicant's dwelling may not exceed \$80,000. (The value of the dwelling and up to one acre of land where it is situated is excluded.)

2019 Real Estate Tax Relief

COUNTY OF ACCOMACK
COMMISSIONER OF THE REVENUE

For Office Use Only	
Account #	
R/E Value	Mobile Home Value
Tax Amount	Exempt Amt & % \$ _____ (____%)

DEADLINE MARCH 1, 2019

SECTION I (TWO PARTS). BE SURE TO COMPLETE EACH PART BELOW

PART 1 Applicant(s) Information			
1	NAME: LAST	FIRST	MIDDLE
2	ADDRESS:		
3	BIRTHDATE	SOCIAL SECURITY NUMBER	PHONE NUMBER
4	SPOUSE: LAST	FIRST	MIDDLE
5	BIRTHDATE	SOCIAL SECURITY NUMBER	PHONE NUMBER
6	NAME (as it appears on tax bill):		
7	PHYSICAL ADDRESS OF PROPERTY:		
8	PARCEL NUMBER:	DISTRICT:	
9	RESIDENCE OCCUPIED BY APPLICANT AS A SOLE DWELLING? YES ____ NO ____ DO YOU LIVE IN A MOBILE HOME? YES ____ NO ____ IS APPLICANT AGE 65 OR OVER? ____ OR TOTALLY DISABLED? ____ NOTE: IF THE RESIDENCE IS OWNED WITH PERSONS OTHER THAN THE APPLICANT OR SPOUSE, ENTER THE APPLICANT'S PERCENTAGE OF OWNERSHIP: _____%		
PART 2 LIST ALL <u>OTHER</u> PERSONS LIVING IN THE HOUSE (<i>Do not list applicant</i>)			
	NAME	BIRTHDATE	SOCIAL SECURITY NUMBER
1			
2			
3			
4			
5			

DATE RECEIVED: _____

**SECTION II (TWO PARTS). BE SURE TO COMPLETE ALL PARTS THAT APPLY.
GROSS INCOME FROM JANUARY 1, 2018 - DECEMBER 31, 2018
PROOF OF HOUSEHOLD INCOME MUST BE FURNISHED**

PART 1 COMPLETE FOR APPLICANT AND SPOUSE ONLY <i>(Proof of 1 thru 8 Required)</i>			
		APPLICANT	SPOUSE
1	WAGES, TIPS, SALARY		
2	SOCIAL SECURITY INCOME (SSA-1099)		
3	INTEREST INCOME		
4	DIVIDEND INCOME		
5	PENSION / ANNUITY / IRA / 401-K		
6	RENTS RECEIVED		
7	ALIMONY		
8	OTHER—FOOD & FUEL ASSISTANCE, ETC. (COPY OF LETTER REQUIRED)		
9	TOTAL INCOME (LINES 1 THRU 9)		
PART 2 COMPLETE FOR ALL OTHER OCCUPANTS LIVING IN THE HOME <i>(Proof of 10 thru 16 Required)</i>			
10	WAGES, TIPS, SALARY		
11	SOCIAL SECURITY INCOME		
12	INTEREST INCOME		
13	DIVIDEND INCOME		
14	PENSION / ANNUITY / IRA / 401-K		
15	ALIMONY		
16	OTHER INCOME – SPECIFY		
17	LESS INCOME EXCLUSION	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
18	TOTAL INCOME FOR OCCUPANTS	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
19	TOTAL INCOME (ADD LINES 9 + 18)	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
20	TOTAL COMBINED INCOME (ADD BOTH COLUMNS OF LINE 19)		FOR OFFICE USE ONLY
			\$ _____

**SECTION III (FOUR PARTS). BE SURE TO COMPLETE ALL PARTS THAT APPLY.
ASSET INFORMATION AS OF DECEMBER 31, 2018 - PROOF OF ASSETS MUST BE FURNISHED**

PART 1 DO YOU OWN ANY OTHER REAL ESTATE? (PLEASE LIST) <i>(LOCATED ANYWHERE WITHIN OR OUTSIDE THE UNITED STATES)</i>			
1	ADDRESS		MARKET VALUE
2	ADDRESS		MARKET VALUE
PART 2 LIST PERSONAL PROPERTY ONLY INCLUDE MOTOR VEHICLES, BOATS, and TRAILERS. DO NOT LIST HOUSEHOLD FURNISHINGS			
3	YEAR	MAKE	MODEL
4	YEAR	MAKE	MODEL
			FOR OFFICE USE ONLY

PART 3			LIST CASH VALUE OF OTHER ASSETS	
YOU MUST ITEMIZE ALL STOCKS AND BONDS - ATTACH SEPARATE LISTING				
			APPLICANT	SPOUSE
5	SAVINGS ACCOUNT BALANCE AS O 12/31/18 (COPY OF STATEMENT REQUIRED)			
6	C D'S BALANCE AS OF 12/31/18 (COPY OF STATEMENT REQUIRED)			
7	CHECKING ACCOUNT BALANCE AS OF 12/31/18 (COPY OF STATEMENT REQUIRED)			
8	STOCKS AND BONDS (ATTACH SEPARATE LIST)			
9	MORTGAGE OR TRUST PAYABLE TO APPLICANT			
10	CASH-IN VALUE OF LIFE INSURANCE			
11	OTHER NOTES OR ACCOUNTS PAYABLE TO APPLICANT			
12	INDIVIDUAL RETIREMENT ACCOUNTS - 401 K ; ETC			
13	VALUE OF EXCESS ACREAGE (FOR OFFICE USE ONLY)			
14	TOTAL COMBINED ASSETS (Add parts 1 + 2 + 3)			
PART 4			FOR LIABILITIES ONLY	
DO NOT COMPLETE THIS PART UNLESS ASSETS EXCEED LIMITS				
15	DEBTS PAYABLE – IDENTIFY			
16	MORTGAGES OTHER THAN RESIDENCE			
17	TOTAL LIABILITIES (ADD LINES 15 AND 16)			
18	NET ASSETS (SUBTRACT LINE 17 FROM LINE 14)		\$	

ATTACH A COPY OF SUPPORTING DOCUMENTATION OF ALL INCOME AND ASSETS REFERENCED ON YOUR APPLICATION WITH END OF YEAR STATEMENTS AS OF 12-31-18. APPLICATIONS MUST BE FILED EVERY YEAR. APPLICATIONS NOT HAVING SUPPORTING DOCUMENTATION WILL BE DENIED AND/OR DELAYED. PLEASE SEND COPIES OF ALL DOCUMENTATION. ALL TAX RELIEF DOCUMENTATION TO BE HELD STRICTLY CONFIDENTIAL IN ACCORDANCE WITH STATE LAW.

PENALTIES FOR VIOLATION

Any person or persons falsely claiming an exemption or knowingly and intentionally furnishing false information hereunder or otherwise violating this ordinance shall be guilty of a misdemeanor and upon conviction thereof may be punished by a fine not exceeding \$1,000.00 or by confinement in jail not exceeding twelve (12) months or both.

AFFIDAVIT

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

Signature of Applicant **Date**

Signature of Spouse **Date**

Sworn (or affirmed) before me this _____ day of _____, 20_____.

Witness: _____