

HENRY COUNTY, VIRGINIA  
COMMISSIONER OF THE REVENUE  
P.O. Box 1077  
Collinsville, VA 24078

## APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY AND DISABLED

<b>For Office Use Only</b>	
Tax Year	_____
Certificate Number	_____
Ticket Number	_____
Amount \$	_____

## INSTRUCTIONS TO APPLICANT:

The information on this application must be filled out in its entirety and returned to the Commissioner of the Revenue. Applications must be filed by **May 1** of the taxable year for which the exemption is applied. Spaces on the application that do not apply to the taxpayer should be completed as "Not Applicable" or "\$0.00" as indicated by the question. Questions that cannot be answered within the space provided 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. For additional information, please phone 276-634-4690.

Birth Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone \_\_\_\_\_  
Mo. Day Yr.

Birth Date: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Phone \_\_\_\_\_  
Mo. Day Yr.

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

Name: \_\_\_\_\_

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City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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Mailing address if it is different from the residence address:

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Street No. \_\_\_\_\_ Street \_\_\_\_\_

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City	State	Zip Code
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(Read Instructions on Page 4)

## **Office Use Only**

Property Description, Account Number, Etc:

Street Address: \_\_\_\_\_ Account No. \_\_\_\_\_

Subdivision: \_\_\_\_\_ Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Land Area – Acreage or Sq. Ft. \_\_\_\_\_ Assessed Value \_\_\_\_\_ Tax \_\_\_\_\_

1. Is this residence occupied by the applicant as the sole dwelling? Yes  No

2. Is the applicant?      Owner       Partial Owner       Life Interest

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

3. List the names, relation, ages and social security numbers of all persons related to the applicant who occupy the above residence. List income below

Name	Relation	Age	Social Security No.
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Please complete this gross income statement for the preceding calendar year. Included in the statement should be the total gross income from all sources of the applicant and all persons related to the applicant living in the above resident.

<b>Gross Income</b>	<b>Applicant</b>	<b>Spouse</b>	<b>Relatives living in residence</b>
Gross Income	\$	\$	\$
Pensions	\$	\$	\$
Social Security	\$	\$	\$
Interest	\$	\$	\$
Dividends	\$	\$	\$
Rent(s)	\$	\$	\$
Welfare	\$	\$	\$
Gifts	\$	\$	\$
Capital Gains	\$	\$	\$
Other Sources	\$	\$	\$
<b>Total</b>	\$	\$	\$

Total Combined Gross Income of the Applicant, Spouse and Relative \$ \_\_\_\_\_

Please complete this statement of net financial worth as of December 31, \_\_\_\_\_. Net financial worth is computed by subtracting liabilities from assets. Included in this statement should be the net financial worth, including equitable interests, of the applicant and spouse. Exclude the value of the applicant's residence and up to one (1) acre of land upon which the residence is situated.

<b>NET VALUE OF ASSETS</b>	<b>Applicant</b>	<b>Spouse</b>	<b>For Office Use Only</b>
Real Estate*	\$	\$	\$
Personal Property	\$	\$	\$
Savings Account(s)	\$	\$	\$
Checking Account(s)	\$	\$	\$
Stocks	\$	\$	\$
Bonds	\$	\$	\$
Insurance (Cash Value)	\$	\$	\$
Other Assets:	\$	\$	\$
Total	\$	\$	\$

Total Combined Net Financial Worth of the Applicant and Spouse \$\_\_\_\_\_.

\*Excluding dwelling and up to one acre on which dwelling is located. List all other real estate.

I do swear that the contents of this application are true to the best of my knowledge and belief.

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APPLICANT'S SIGNATURE

**HENRY COUNTY, VIRGINIA**  
**Real Estate Relief for the Elderly and Disabled**  
**Requirements for Exemption**

1. The title of the property for which exemption is claimed is held, or partially held, on January 1 of the taxable year, by the person or persons claiming exemption.
2. The head of the household occupying the dwelling and owning title, or partial title, thereto is sixty-five years or older or totally disabled on December 31 of the year immediately preceding the taxable year. Such dwelling must be occupied as the sole dwelling of such person or persons.
3. The gross combined income of the owner during the year immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$24,000.00. Gross combined income shall include all income from all sources of the owner and the owner's relatives living in the dwelling for which exemption is claimed. "Owner" as used herein shall also be construed as "owners".
4. The total combined financial worth of the owner as of December 31 of the year immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed \$50,000.00. Total financial worth shall include the value of all assets, including equitable interest of the owner, and of the spouse of any owner, and shall exclude the fair market value of the dwelling and the land, not exceeding one acre, upon which it is situated for which exemption is claimed.
5. Annually, and not later than May 1 of the taxable year, the person or persons claiming an exemption must file real estate tax exemption application with the Commissioner of the Revenue.