



City of Petersburg

Commissioner of the Revenue

144 N Sycamore St Petersburg, VA 23803
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Brittany C. Flowers
*Commissioner of the
Revenue*

APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY OR DISABLED

****FILE ON OR BEFORE APRIL 30, 2021****

IMPORTANT: Please refer to the requirements on the back of page 4 before filling out this application. ALL QUESTIONS MUST BE ANSWERED. All information on this application is confidential and not open to public inspection. For additional information, please call 733-2315.

Name: _____

Address: _____

City/State/Zip Code: _____

Applicant (Property Owner) Check which applies: ___DISABLED ___ELDERLY

List all owners of the property. Attach additional sheets if necessary.

Owner: _____

SSN# _____ Date of Birth: _____

Spouse/Co-owner _____

SSN# _____ Date of Birth: _____

NAME(S) APPEARING ON THE TAX BILL: _____

STREET ADDRESS OF THE PROPERTY LOCATED IN PETERSBURG:

ACCOUNT AND PARCEL NUMBER _____ - _____ - _____

List the name, relationship, age and social security number of all relatives other than spouse who occupy the residence:

Name	Relationship	Age	Social Security#	Income Amount
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Please provide name and telephone number of nearest relative

APPLICANTS ANNUAL INCOME FOR 2020: (Do not use monthly figures)

Must provide all financial statements for end of the year balance as of Dec. 31, 2020

If 2020 Federal Income Taxes were filed, you must provide a copy with this application.

Enter the gross annual income before deductions from all sources for the past calendar year of the applicant and his/her spouse, all relatives or any owner living in the dwelling. Use additional sheets if necessary.

TOTAL GROSS INCOME	APPLICANT	SPOUSE	RELATIVES LIVING IN DWELLING
SALARIES, COMMISSIONS, ETC.	_____	_____	_____
PENSIONS/RETIREMENT	_____	_____	_____
INTEREST/DIVIDENDS	_____	_____	_____
ANNUITIES	_____	_____	_____
VETERANS' BENEFITS	_____	_____	_____
UNEMPLOYMENT	_____	_____	_____
DISABILITY SSI	_____	_____	_____
SOCIAL SECURITY	_____	_____	_____
RENTAL INCOME	_____	_____	_____
WELFARE, ALIMONY, CHILD SUPPORT	_____	_____	_____
OTHER SOURCES (EXPLAIN)	_____	_____	_____
TOTAL (SUBTRACT EXCLUSIONS FROM GROSS)	_____	_____	_____
TOTAL COMBINED INCOME OF APPLICANT, SPOUSE AND/OR RELATIVES \$	_____	_____	_____

Attention Applicants:

FAILURE TO SUBMIT A COMPLETED APPLICATION BY MAY 1, 2020, WILL DISQUALIFY APPLICANT

NOTE: IF YOU FILED A FEDERAL INCOME TAX RETURN FOR 2018 YOU MUST ATTACH A COPY

DO YOU OWN ANY OTHER REAL ESTATE? ____YES ____ NO

If yes, please state accurately the location and describe fully all real estate owned by the applicant, spouse and relatives living with applicant.

Location and

Description of Real Estate	Gross Value	Assessed Value

Totals	_____	_____

VALUE OF ASSETS AS OF **DEC 31, 2020**

***Provide financial statements to support all entries below:*

	Applicant	Spouse
Personal Property (Vehicles)	_____	_____
Checking/Money Market	_____	_____
Savings Account	_____	_____
Stocks/Bonds/Mutual Funds	_____	_____
Certificates of Deposit	_____	_____
IRA's/ Annuities	_____	_____
Other Assets	_____	_____
Total Assets	_____	_____
<i>Less – Total Liabilities (Attach Statement)</i> _____		
Total Combined Net Financial Worth _____		

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

Signature of Applicant _____ Telephone _____ Date _____

Sworn (or affirmed) to before me this ____ day of _____

Notary Public

My Commission Expires

Or Applicants Signature Witnessed by the Commissioner of the Revenues Office Staff

_____ Date _____

Requirements for Exemption

1. The title of the property for which exemption is claimed must be held or partially held on July 1 of the TAXABLE YEAR by the persons claiming exemption.
2. The head of the household occupying the dwelling and owning title, or partial title, must be sixty-five years of age or older on June 30 of the year immediately preceding the taxable year. Such dwelling must be occupied as the sole dwelling of the person or persons not less than sixty-five years of age.
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 \$35,000.00. Gross combined income shall include all income from all sources of the owner and spouse and income in excess of \$4,000.00 of each relative living in the dwelling for which exemption is claimed. "Owner" as used herein, shall also be construed as "Owners". Applicant must provide all financial statements as to proof of income.
4. The total combined net 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 \$70,000.00. Total Net financial worth shall include all assets, including equitable interest of the owner of the dwelling for which exemption is claimed and not exceeding one acre, upon which the dwelling is situated. Applicant must provide all financial statements for period ending December 31, 2020. Application will not be approved unless all financial statements are provided as required.
5. Annually, and not later than May 1 of the Taxable Year, the person or persons claiming an exemption must file a Real Estate Exemption Application with the Commissioner of the Revenue, 144 N Sycamore Street, Petersburg, Virginia 23803.
6. Any person who has been granted an exemption is reminded that he/she must report any changes in financial status to the Commissioner of the Revenue at once. (Example of change in status that must be reported: Sale or lease of residence for which exemption is granted, changes in financial worth by such means as gifts, inheritance, insurance proceeds).
7. Totally disabled persons must occupy the dwelling and property must be in their name. They must provide a copy of their certification of award from Social Security or notarized statement from (2) different doctors licensed to practice medicine in the State of Virginia, stating they are totally disabled.

Note: Any person or persons falsely claiming an exemption under this Article shall be guilty of a misdemeanor and upon conviction, shall be fined not less than fifty and no more than five hundred dollars for each offense.

Date Reviewed _____ Disapproved _____
 Approved _____ Reason _____