

COUNTY OF DICKENSON Commissioner of the Revenue

CLINTWOOD, VIRGINIA

RONNIE LEE ROBBINS

926-1646

APPLICATION FOR REAL ESTATE TAX EXEMPTION FOR ELDERLY OR PERMANENTLY AND TOTALLY DISABLED HOMEOWNER

Read Requirements for Exemption on Page 4

The information required on this application must be filled out in its entirety and returned to the Commissioner of Revenue, Clintwood, Virginia. Applications must be filed by March 15th 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 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 the public inspection.

APPLICANT: _____
Last Name First Middle

ADDRESS: _____ SOCIAL SECURITY # _____
PHONE # _____
BIRTH DATE _____

SPOUSE _____
Last Name First Middle
BIRTH DATE _____ SOCIAL SECURITY # _____

IMPORTANT! Name under which property is listed and appears on the tax ticket, if different from applicant or spouse.

PROPERTY DESCRIPTION

- (A) Acreage _____ Or Size Or Lot # _____
(B) District _____
(C) Location _____
(Example: Tom Bottom, Big Ridge, Laurel Branch)
(D) If you own a mobile home located in Dickenson County check here

<input type="checkbox"/> Over 65	DO NOT WRITE IN THIS SPACE		
<input type="checkbox"/> Disabled	FOR OFFICE USE ONLY		
INCOME	NET WORTH	ASSESSED VALUE	AMOUNT OF TAX
Land Card # _____	Mobile Home _____		
Disapproved <input type="checkbox"/>	Approved <input type="checkbox"/>		

I. OCCUPANCY AND OWNERSHIP

Is this dwelling occupied by the applicant as the sole dwelling? Yes [] * No []

Is the applicant (Owner) [] (Partial Owner) []

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

List the names, relationship and Social Security Number of all persons related to the applicant who occupy the above dwelling:

Name	Relationship	Social Security No.
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____

II. GROSS INCOME

IMPORTANT! Please indicate if income amounts are per month or per year. Report all income for the **previous** calendar year — **not** the year in which this application is filed. Include in this section the total gross income from all sources for each person living in the dwelling.

SOURCE	APPLICANT	SPOUSE	RELATIVE (1)	RELATIVE (2)	RELATIVE (3)
Salaries, Wages, Etc.					
Pensions					
Social Security					
Interest and Dividends					
Rental Income					
Public Assistance					
Other Income					
Less Exclusion(s) for Relative(s) Income			4,000.00	4,000.00	4,000.00
Total Gross Income for Each					

Calculate **total** yearly household income and enter here.....\$.....

III. NET WORTH

Please complete this statement of net financial worth as of December 31st of the immediately preceding calendar year.

NOTE: Exclude the fair market value of the house and the land upon which it is situated not exceeding one acre. The asset (fair market value) and liability (mortgage) on the exempted property should not be included in the computation of Net Worth.

ASSETS	APPLICANT	SPOUSE	OTHER OWNERS AND THEIR SPOUSE(S)
Real Estate (other than residence)			
Tangible Personal Property (include household goods)			
Automobile(s) (Fair Market Value)			
Cash on hand and in Bank			
Stocks and Bonds			
Life Insurance and Annuity (Cash Value)			
Other Assets			
TOTAL ASSETS			

LIABILITIES	APPLICANT	SPOUSE	OTHER OWNERS AND THEIR SPOUSE(S)
Notes Payable			
Accounts Payable			
Taxes Due			
Real Estate Mortgages (other than residence)			
Other Debts			
TOTAL LIABILITIES			

(a) Total Combined Assets _____ (b) Total Combined Liabilities _____ TOTAL NET WORTH (a minus b) _____

NOTE: Changes in respect to income, financial worth, ownership of property or other factors occurring during the taxable year for which the affidavit is filed and having the effect of exceeding or violating the limitations and conditions provided herein, or by any ordinance adopted hereafter, shall nullify any exemption for the then current taxable year and the taxable year immediately following.

CERTIFICATE

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

Applicant's Signature _____

Date _____

Signature of Spouse _____

Date _____