



**TAX RELIEF FOR PERSONS AGE 65 AND OLDER OR
PERMANENTLY AND TOTALLY DISABLED
FOR REAL ESTATE/MOBILE HOME OWNERS
Code of Virginia § 58.1-3210**

Tax Year
2020

**Must be filed by April 1
annually**

Ann H. Thomas
Commissioner of the Revenue
P.O. Box 190
Yorktown, Va. 23690

**Need Assistance?
(757) 890-3382**

Application may be mailed or submitted through the document portal (see page 4)

PLEASE READ CAREFULLY BEFORE FILLING OUT APPLICATION

TO QUALIFY THE APPLICANT(S) MUST BE:

- A homeowner in York County, Virginia and live in the dwelling for which the affidavit is being submitted for tax relief
- Age 65 or older (as of December 31st of the previous tax year)
- Totally & Permanently Disabled- Certification must be provided

DISABLED STATUS:

- Definition- Permanently and totally disabled and is unable to engage in any substantial gainful activity by reason of any medically determined physical or mental impairment or deformity which can be expected to last for the duration of such person's life.
- To qualify you must have *certificates or letter(s) stating total and/or permanent disability from one of the following:
 - Two affidavits/letters from different medical doctors who have a license to practice medicine in Virginia, OR
 - Certification by the Department of Veteran Affairs; OR
 - Certification by the Railroad Retirement Board; OR
 - Letter from the Department of Social Security

GROSS INCOME: Based on the total maximum combined gross income of the previous year.

INCOME TAX: *If you file an income tax return, please do so before you submit this application.*

- If you or anyone in your household is required to file a FEDERAL INCOME TAX RETURN (Form 1040), a *copy must be submitted along with the application.
- Each individual must submit a *copy of the Annual Social Security Statement/Annuity Statement, W-2(s), 1099(s), and any other statement providing the source of income, along with the application.

****GROSS INCOME GUIDELINES**

| 1 Eligible Owner (household income) | 2 or More Eligible Owners (household income) | Exemption Amount |
|--|---|------------------|
| \$39,851 - \$50,000/YR | \$40,785 - \$50,000/YR | Up to \$300.00 |
| \$29,701 - \$39,850/YR | \$31,568 - \$40,784/YR | Up to \$420.00 |
| \$19,551 - \$29,700/YR | \$22,351 - \$31,567/YR | Up to \$600.00 |
| \$19,550 and Under | \$22,350 and Under | 100% |

****All income must be reported for each individual in the household. This office will consider all exemptions allowed by the County Code.**

***Documentation must be submitted by mail or through the document portal.**

FINANCIAL WORTH/ASSETS:

- Guideline- To qualify, your combined maximum financial worth (or assets) must not exceed \$200,000, EXCLUDING the value of this dwelling and up to TEN (10) acres of land.
- Each individual must provide a copy of statements from each financial institution (checking, savings, stocks/mutual funds, certificate(s) of deposit, etc.)
- This office will calculate the value of each car, truck, boat, trailer, camper, and motor home(s).
- Provide the description of all real estate owned in any state, or you have an interest in (do not include your residing home)

A new application must be filed each year. Applications will be available to the public January of each year. THE DEADLINE FOR FILING IS APRIL 1st. New applicants have until APRIL 30th to file.

Note: Any changes in income, financial worth, ownership of property or other factors affecting the qualifications for relief must be reported IMMEDIATELY to the Office of the Commissioner of the Revenue (757) 890-3382.



**APPLICATION FOR TAX RELIEF FOR PERSONS AGE 65 AND OLDER OR
PERMANENTLY AND TOTALLY DISABLED
FOR REAL ESTATE/MOBILE HOMES OWNERS
Code of Virginia § 58.1-3210**

Tax Year
2020

**Ann H. Thomas
Commissioner of the Revenue
P.O. Box 190
Yorktown, Va. 23690-0190**

Must be filed by April 1, 2042

**Need Assistance?
(757) 890-3382**

APPLICANT INFORMATION

Application for:

- Real Estate Owner(s)
- Mobile Home Owner(s)

Check type of Relief:

- Age 65 and Older
- Permanently and Totally Disabled.

Effective date of disability: _____

| Applicant Name(s) and Mailing Address | | GPIN # | STATUS | | |
|---------------------------------------|---|-------------|--------|----------|--|
| Owner/Applicant: | Social Security #: | Birth Date: | Age: | Phone #: | |
| Name (Co-Owner/Spouse): | Social Security #: | Birth Date: | Age: | Phone #: | |
| Mailing Address: | Resident Address if different than Mailing Address: | | | | |

- Do you have a relative living with you to provide care because it is the only alternative to permanently residing in a hospital, nursing home, convalescent home or other facility for physical or mental care? ▪ Yes* ▪ No

*If Yes, provide name(s), relationship, and Social Security # _____

You may be required to provide clear and convincing evidence that your physical or mental health has deteriorated to the point that it is necessary to have a relative move in and provide care.

- Is this property occupied by the applicant as the sole dwelling? ▪ Yes ▪ No*

*If No, explain the location of your sole dwelling and the circumstance that make you live elsewhere.

- Is this property used by or leased to others for consideration? ▪ Yes* ▪ No *If Yes, provide detailed explanation.
(name, monthly amount received or any other consideration)

Print Names of all persons (other than the owners listed above) who live in the household:

| Name | Care Giver? Y/N | Relationship | Social Security # | Birth Date | Phone # |
|------|--------------------|--------------|-------------------|------------|---------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

******IMPORTANT**** – You must answer the following question:**

- Have you transferred money, assets or property in excess of \$10,000 to anyone within the past 3 years?** ▪ Yes* ▪ No

**If Yes, provide the name of person(s), relationship, and description of property, amount and date of transaction.*

| Name(s) | Relationship | Description | Amount | Date of Transaction |
|---------|--------------|-------------|--------|---------------------|
| | | | | |
| | | | | |
| | | | | |

Privacy Act Notice: Disclosure of your social security number on this form is mandatory, as authorized by the Virginia State Code Section §58.1-3017. Social security numbers are regarded as confidential, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose.

**ANNUAL HOUSEHOLD INCOME STATEMENT
YOU MUST PROVIDE INFORMATION FROM ALL SOURCES**

- Were you, your spouse, or relative(s) living in your household, required to file a Federal Income Tax Return?
 - Yes ▪ No
 - If Yes, you must provide a copy of the 1040 including all W-2(s), 1099(s)
 - **If No**, you must initial this space attesting to the fact that tax return(s) were not required to be filed.

Initials of Owner/Applicant

Initials of Co-Owner/Applicant

| Source of Income <i>*Attach a copy of Tax Return and/ documentation</i> | Owner Applicant Amount | Co-Owner Spouse Amount | Other in Household 1 Amount | Other in Household 2 Amount | Other in Household 3 Amount |
|---|---------------------------------------|---------------------------------------|--|--|--|
| Wages, salaries, bonuses, commissions, etc. | | | | | |
| Dividends | | | | | |
| Interest | | | | | |
| Military Pension | | | | | |
| Civil Service Annuity | | | | | |
| Social Security Benefit | | | | | |
| Railroad Retirement | | | | | |
| Other Retirement/Pensions | | | | | |
| Alimony received | | | | | |
| Virginia Retirement System VRS | | | | | |
| Unemployment | | | | | |
| Rents and royalties from property, patents, copyrights, etc. | | | | | |
| Profits from a business or profession | | | | | |
| Your share of partnership profits | | | | | |
| Lottery & Gambling winnings | | | | | |
| Any other income - specify | | | | | |
| TOTAL INCOME | | | | | |
| OFFICE USE | | | | | |
| | | | | | |

***Documentation must be submitted by mail or through the document portal.**

COMBINED FINANCIAL WORTH

You must provide a statement of your financial worth for the calendar year ending **December 31, 201;**

DO NOT ESTIMATE – *ATTACH A COPY OF ALL FINANCIAL STATEMENTS OR DOCUMENTS TO SUPPORT EACH AMOUNT ON THIS FORM

| Source of asset(s) *Attach a copy of statement from each financial institution | Owner Applicant AMOUNT | Name of Bank/Financial Institution | Co-Owner Or Spouse AMOUNT | Name of Bank/Financial Institution |
|--|-------------------------------|---|----------------------------------|---|
| Checking Account Amount | | | | |
| Savings Account Amount | | | | |
| Stocks, Bonds, T-Bills, Mutual Funds, etc. | | | | |
| Certificates of Deposit | | | | |
| IRA's, 401K, etc. | | | | |
| Cash value of Insurance | | | | |
| Real Estate you own, other than this residence. Provide street address, locality and state | | | | |
| Cars, trucks, boats, trailers, camping trailers, motor homes. Provide Year, Make and Model | | | | |
| All other assets (Identify) | | | | |
| TOTAL | | | | |
| Office Use | | | | |

• **Is this the first time you have applied?** ▪ Yes ▪ No

For your **FIRST** time filing as **DISABLED**, you must furnish a certificate from the Department of Veteran Affairs, the Railroad Retirement Board, or Social Security Administration. If you are not disabled through those entities, you **MUST** furnish certificate(s) or letter(s) from two (2) medical doctors licensed to practice medicine in Virginia.

You must complete all spaces on this entire application. If not applicable, put "N/A" or "\$0.00". Failure to complete the entire application and provide supporting documentation will jeopardize the approval process of your application.

Name of person we may contact regarding your affidavit in the event we are unable to reach you:

Name: _____ Relationship: _____

Mailing Address: _____ Daytime Telephone #: _____

***Supporting documentation is being submitted via: ▪ Mail ▪ Document Portal**

Declaration: I (we) declare, under penalties provided by law, that this affidavit has been examined by me (us) and to the best of my (our) knowledge and belief is true, correct, and complete.

(If submitting by the DOCUMENT PORTAL, this application must be initialed, which will be the equivalent of your signature)

Owner's Initials: _____ Co-Owner's Initials: _____ Owner's Email: _____

Preparer's Initials: _____ Preparer's Email: _____ Date: _____

(If submitting by MAIL, this form must be signed)

Owner's Signature: _____ Co-Owner's Signature: _____

Preparer's Signature: _____ Date: _____

(It is recommended that you PRINT and/or SAVE a copy for your records)

To submit this form through the document portal, please click [here](#).

OFFICE USE ONLY

| | |
|---|--|
| Owner of Record: | Name(s) of person(s) that qualify: |
| Number of Owners: | Number of Acres: |
| Qualifies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why. | Qualifies as: <input type="checkbox"/> Elderly (1) <input type="checkbox"/> Disabled (2) - Must have proof of disability on file |

| |
|------------|
| Account #: |
|------------|

| 1 Eligible Owner Household Income | 2 or more Eligible Owner(s) Household Income | Exemption Amount: |
|--|---|--------------------------|
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| \$19,550 – and Under | \$22,350 – and Under | 100% |

| | |
|--------------------------|--|
| Land Value: | |
| Building Value: | |
| Total Value: | |
| Tax Rate: | |
| Total Taxes: | |
| Amount of Relief: | |

Total Income _____

Total Net Worth _____

Viewed & Verified _____