



**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
2021

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

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

**Must be filed by April 1
annually**

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

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 (Forms 1040/1040A), a *copy of the first page only 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: Based on the total maximum combined gross income of the previous year.

****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 should 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 **December 2020** 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, 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.

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 HOME OWNERS
Code of Virginia § 58.1-3210**

Tax Year
2021

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

Must be filed by April 1, 2021

**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.

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 sign 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/ or 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

[qw'o wu'r tqxkf g'c'ucvgo gpv'qh' {qw' h'kpcpekny qtj 'hqt'vj g'ecrgpf ct' { gct'gpf lpi "**December 31, 2020**"

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
Ej genpi 'Ceeqwpv'Co qwpv'	"	"	"	"
Ucxkpi u'Ceeqwpv'Co qwpv'	"	"	"	"
Uqemu.'Dqpf u.'V/Dknu.'O wwcni' Hwpf u.'gve0'	"	"	"	"
Egt whkcvgu'qh'F gr qukv'	"	"	"	"
KTCau.'623M.'gve0'	"	"	"	"
Ecu j 'xcnwg'qh'kpwtcpeg"	"	"	"	"
TgeniGurcvg' {qw'ly p'qt'j'cxg' kpvgt gu'lp.'qj'gt'vj'cp'vj'ku' t gukf' gpeg0'Rtqxkf g'lvaggv' c f f t guu.'hcecrkv' { 'cpf' 'ucv'g"	"	"	"	"
Ectu.'tvemu.'dqcvu.'tckrgtu.' eco r kpi 'tckrgtu.'o qvt'j'qo gu0' Rtqxkf g' [gct.'O cng'cpf 'O qf gr'	"	"	"	"
Cni'qj'gt'cuugv' *k' g'vkh' { '+'	"	"	"	"
TOTAL	"	"	"	"
Qhleg'Wug"	"	"	"	"

• **Is this the first time you have applied?** [gu'***** P q''''
 Hqt' {qw' **FIRST** 'ko g' h'kpi 'cu' **DISABLED.** ' {qw'o wu' h'wtpkuj 'c'egt whkcvg' h'qo 'vj' g'F gr ctvo gpv'qh'Xgwtcp'Chcku.'vj' g'
 Tckrtqcf 'T gvt go gpv'Dqctf.'qt'Uqekni'Ugewtkv' 'Cfo k'pkwtcvkp0'k' {qw'ctg'pqvf'kudrgf'vj' tqwi j 'vj' qug'gpv'kku.' {qw'**MUST**
 h'wtpkuj 'egt whkcvg' *u'qt' h'wgt *u' h'qo 'y q' *4+o' g' f' kcnf' qevqtu' h'egpugf' 'q' r' tce'v'eg'o' g' f' k'kp'g'k'Xkti' k'p'c0'

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.

P co g'qh'r'gtuqp'y'g'o c' { 'eqp'cevt'gi'ctf'kpi' " {qw' 'chhf'cxk'lp'vj' g'gx'gpv'y'g'ctg'wpcdm'vq'tgcej' " {qw' <
 P co g'aaa' "T g'v'k'p'uj' k' <aaaaaaaaaaaaaaaaaaaaaaaaaaaaa'
 O ck'kpi' 'C f f t guu'aaa' "F c' { 'ko g'Vgrgr'j'qp'g' %'aaaaaaaaaaaaaaaaaaaaa'

***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)

"Qy pgt'au'k'k'k'cnu'<aaaaa' "Eq/Qy pgt'au'k'k'k'cnu'<aaaaa' "Qy pgt'au'Go ck'k'<aaa'

"Rtgr ctgt'au'k'k'k'cnu'<aaaaa' "Rtgr ctgt'au'Go ck'k'k'<aaa' "F cvg'<aaaaaaaaaaaaaaaaaaaaa'
(If submitting by MAIL, this form must be signed)

"Qy pgt'au'Uki pcwtg'<aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa' "Eq/Qy pgt'au'Uki pcwtg'<aaaaaaaaaaaaaaaaaaaaaaaaaaaaa'

"Rtgr ctgt'au'Uki pcwtg'<aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa' "F cvg'<aaaaaaaaaaaaaaaaaaaaa'

***It is recommended that you PRINT and/or SAVE a copy for your records)*
 To submit this form through the document portal, please save your completed form and upload it [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:
\$39,851 - \$50,000	\$40,785 - \$50,000	Up to \$300
\$29,701 - \$39,850	\$31,568 - \$40,784	Up to \$420
\$19,551 - \$29,700	\$22,351 - \$31,567	Up to \$600
\$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 _____