



County of Fluvanna

OFFICE OF THE COMMISSIONER OF THE REVENUE

Andrew M. Sheridan, Jr., Commissioner

P. O. BOX 124
PALMYRA, VIRGINIA 22963-0124

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Real Estate Tax Relief for the Elderly and Disabled

- Must be 65 years old or older or permanently and totally disabled.
- Property must be in the name of the person applying and must be their only home.
- The annual household gross income must be under \$50,000.
- Financial worth of the applicant and all other persons living in the home must be under \$160,000 excluding the value of the dwelling and five acres of land.
- Tax relief is based on the prior year's income and financial worth at prior year's end.
- Applications are taken January 1st through March 15th of each year

A copy of all documentation showing household income and net worth will be needed in order to process your application.

Examples of gross income documents needed:

- W-2's
- Pensions
- Social Security
- Interest
- Dividends
- Rents
- Welfare
- Gifts
- Capital Gains
- Trust Fund Income

Examples of Net Value documents needed:

- Banking Saving and Checking Accounts
- Stocks/Bonds/IRA
- Insurance (Cash Value)
- Property in Trust

For more information about this program please see Fluvanna Code Sec 20-3 (Real Estate Tax Exemptions for Certain Elderly and Disable Persons).



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434-591-1939

Tax Year _____

APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY & DISABLED

This application must be filed with the Commissioner of the Revenue between January 1 and March 15 of the tax year.

APPLICANT: _____

ADDRESS: _____

Date of Birth: _____

SPOUSE: _____

Date of Birth: _____

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

NAME: _____

PARCEL ID/MAP NUMBER (Copy from tax bill): _____

PHONE NUMBER: _____

1. Is this dwelling occupied by the applicant as sole dwelling? YES NO

2. Is the applicant: Owner Partial Owner

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

3. List the name(s), relation, age(s) & social security number(s) of all persons related to the applicant(s) who occupy dwelling:

Name	Relation	Age	Social Security Number

Please complete this gross income statement as of December 31st of the previous year. Included in this statement should be the total *gross* income from all sources for the applicant and spouse. Also include income in excess of \$12,500 of each relative living in the dwelling. **Income not to exceed \$50,000. Provide proof of all household income.**

GROSS INCOME	APPLICANT	SPOUSE	Relative living in dwelling
Salaries, Wages, etc.	\$	\$	\$
Pensions	\$	\$	\$
Social Security	\$	\$	\$
Interest	\$	\$	\$
Dividends	\$	\$	\$
Rents	\$	\$	\$
Welfare	\$	\$	\$
Gifts	\$	\$	\$
Capital Gains	\$	\$	\$
Trust Fund Income	\$	\$	\$
Other Sources	\$	\$	\$
TOTAL	\$	\$	\$

Total Gross Combined Income of the Applicant, Spouse & Relatives \$ _____

Please complete this statement of net financial worth as of December 31st of the previous year. Excluding the fair market value of the dwelling and the land, not exceeding five acres, upon which the dwelling is situated. **Total Financial net worth not to exceed \$160,000. Provide proof of all assets. Bank Statements, IRA, Stocks and any other accounts.**

NET VALUE OF ASSETS	APPLICANT	SPOUSE
Real Estate (OFFICE USE ONLY)	\$	\$
Personal Property (Vehicles, Boats, etc.)	\$	\$
1.	\$	\$
2.	\$	\$
3.	\$	\$
Savings Account(s) (DECEMBER STATEMENT FOR PRIOR YEAR)	\$	\$
Checking Account(s) (DECEMBER STATEMENT FOR PRIOR YEAR)	\$	\$
Stocks and Bonds	\$	\$
IRA	\$	\$
Property in Trust	\$	\$
Insurance (Cash Value)	\$	\$
Other Assets	\$	\$
TOTAL ASSETS	\$	\$
Less Personal Property Liability (PROOF MUST BE PROVIDED)	\$	\$

Total Combined Net Financial Worth of Applicant & Spouse \$ _____

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

Applicant Signature _____ Phone _____ Date _____

Spouse Signature _____ Phone _____ Date _____