P.O. Box 128 Fincastle, VA 24090 [540]928-2050 Rspickard@botetourtva.gov

APPLICATION FOR REAL ESTATE TAX EXEMPTION FOR THE ELDERLY OR PERMANENTLY DISABLED HOMEOWNERS

This application must be filed to the Commissioner of the Revenue by MAY 1st of the taxable year for which the exemption is applied. All information given is confidential and not open to public inspection.

TAX YEAR 2019			
Name of Applicant		Name of S	Spouse
Address			
Mailing Address (if diff	ferent)		
Date of Birth/	/ Phone #		elderlydisabled
Social Security No. (Ap	plicant)	(Sp	oouse)
1. Is the dwelling occu	pied by the Applicant a	s the sole resid	ence?yesno
2. Does the Applicant	own other real estate?	(including othe	r States)yesno
3. Did you file a Feder	al Tax Return for previo	us year?yes	sno If yes, attach copy.
4. List the names, relaresidence.	tion, age, and social sec	curity numbers	of relatives who occupy the
Name	Relation	Age	Social Security Number

Please complete the statement of gross income based on information from the preceding calendar year for all owners and relatives residing in the residence. Include all total gross income from all sources of the applicant and relatives residing in the residence.

GROSS INCOME	Documents	Applicant	Spouse	Relatives
Salaries, wages	W-2, 1099			
Social Security	1099-SSA			
Interest/Div	1099-INT/DIV			
IRA Distributions	1099-R			
Capital Gains	Schedule D			
Welfare	Cola Notice			
Rents	Schedule D			
Trust Fund	Schedule E			
Income				
Pensions	1099-R			
Gifts	Specify			
Other Income	Specify			
TOTAL				- and Call b

Note: Include copies of the above documents and 2018 Federal Tax return if filed.

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

Please complete the statement of financial net worth based on information from the preceding calendar year for all owners and relatives residing in the residence.

NET VALUE OF	Applicant	Spouse	Relatives
ASSETS			
Real Estate (exclude			
Personal home)			
Personal Property			
Savings Accounts			
Checking Accounts			
Stocks/Bonds			
Insurance(cash value)			
IRA & 401K Plans			
Property in Trust	_		
Other Assets			
TOTAL			

Total Combined Value of Assets from Applicant, Spouse, and Relatives
Reduction of Liabilities (loans, debts) (excluding home loan)
Total Combined Net Financial Worth of Applicant, Spouse, and Relatives

\$
\$ _)
\$ _

Botetourt County General Requirements for Elderly/Disabled Exemption

- 1. Exemption shall be granted on the qualifying dwelling and land, not exceeding 2.0 acres. Exemption is subject to provisions in the Botetourt County Code Section 23-46 through 23-54. The title of the property must be held, or partially held, on January 1 of the taxable year for which the exemption is claimed.
- 2. The head of the household occupying the dwelling and owning title, or partial title thereto, is sixty-five (65) years of age or older or permanently and totally disabled on December 31 of the year immediately preceding the taxable year. The totally disabled applicant must attach a determination letter from the Social Security or Veterans Administration or a doctor certification letter.
- 3. The total combined income for the immediately preceding calendar year from all sources of the owners and relatives living in the dwelling does not exceed fifty thousand (\$ 50,000).
- 4. The total combined financial net worth as of the December 31 of the immediately preceding calendar year of the owner and the spouse shall not exceed \$ 185,000. Net financial worth shall exclude the value of the dwelling and the land, not to exceed 2.0 acres of which the dwelling is situated.
- 5. The real estate taxes shall be current on the parcel for which the exemption is claimed.
- 6. The maximum exemption per real estate parcel is: \$ 1000.00

7. The amount of exemption is based on the following scale: $ \\$	If income is:	The exemption % is:
	\$27,500 or less	90 %
	\$27,501 to \$35,000	70 %
	\$35,001 to \$42,500	50 %
	\$42,501 to \$50,000	40 %

CERTIFICATE:

I certify, under the penalties by law, that this application for Real Estate Tax Relief, to the best of my knowledge and belief is true, correct, and complete. I authorize the Commissioner of the Revenue to obtain any verification necessary to determine my eligibility. I understand that making a false claim and being convicted of such may constitute a misdemeanor.

Applicant's Signature		Date
	FOR OFFICE USE ONLY	
YEAR	Percentage Exempt	
Acreage or Lot	Assessed Value	
	Amount of Tax	
	Exemption	