

**Botetourt County Commissioner of the Revenue**  
**P.O. Box 128 Fincastle, VA 24090**  
**(540)473-8270 Rspickard@botetourt.org**  
**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 1<sup>st</sup>** of the taxable year for which the exemption is applied. All information given is confidential and not open to public inspection.

Name of Applicant \_\_\_\_\_ Name of Spouse \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different ) \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Phone # \_\_\_\_\_ \_\_ elderly \_\_ disabled

Social Security No. (Applicant) \_\_\_\_\_ (Spouse) \_\_\_\_\_

1. Is the dwelling occupied by the Applicant as the sole residence? \_\_yes \_\_no
2. Does the Applicant own other real estate? (including other States) \_\_yes \_\_no
3. List the names, relation, age, and social security numbers of relatives who occupy the residence.

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.

<b>GROSS INCOME</b>	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 Income	Schedule E			
Pensions	1099-R			
Gifts	Specify			
Other Income	Specify			
<b>TOTAL</b>				

**Note: Include a copy of Page 1 of your federal tax return and copies of the above documents.**

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.

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

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 1.25 acres. Exemption is subject to provisions in the Botetourt County Code Section 23-46 through 23-54.
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 forty thousand (**\$ 40,000**).
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 **\$ 175,000**. Net financial worth shall exclude the value of the dwelling and the land, not to exceed 1.25 acres of which the dwelling is situated.
5. There shall be no delinquent real estate taxes 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:

\$20,000 or less	90 %
\$20,001 to \$25,000	75 %
\$25,001 to \$30,000	50 %
\$30,001 to \$40,000	30 %

**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 \_\_\_\_\_

