**MONTGOMERY COUNTY**
**HELEN P. ROYAL, COMMISSIONER OF THE REVENUE**
**755 ROANOKE ST SUITE 1A CHRISTIANSBURG, VA 24073**

**FIRST TIME FILER**

# 2016

## APPLICATION FOR TAX RELIEF FOR THE ELDERLY AND DISABLED

| | |
|---|---|
| Parcel ID: | |
| PPID: | |
| M0#: | |
| Senior | |
| Disabled | |

### 1. APPLICANT INFORMATION (Please Print Clearly)

| Name of Applicant | Last, First, Middle | Social Security Number | Date of Birth |
|---|---|---|---|
| | | | |
| **Name of Spouse** | **Last, First, Middle** | **Social Security Number** | **Date of Birth** |
| | | | |
| **Property Address** | **Street, City, Zip code** | | **Phone Number** |
| | | | |
| **If you are retired, Where are you retired from?** | | | |

| | | | | | |
|---|---|---|---|---|---|
| A. | Do you own and live at the above address? | Yes | | No | |
| B. | Does anyone live in the house other than the spouse? | Yes | | No | |
| C. | Is any portion of the house rented to another person? | Yes | | No | |
| D. | Do you have a live in caregiver? | Yes | | No | |
| E. | Do you own any real estate other than this house? | Yes | | No | |
| F. | Have you sold or transferred any real estate, stocks, bonds, bank account or personal property the previous year? | Yes | | No | |

### 2. OTHER PERSONS LIVING AT THE ABOVE ADDRESS (If no other persons live with you, write NONE )

| | Name | Social Security | Relationship to owner | Date of Birth |
|---|---|---|---|---|
| PERSON 1 | | | | |
| PERSON 2 | | | | |

### 3. TOTAL ANNUAL COMBINED GROSS HOUSEHOLD INCOME JANUARY 1, 2015 TO DECEMBER 31, 2015

| **Income From:** | **Applicant** | **Spouse** | **Person 1** | **Person 2** |
|---|---|---|---|---|
| Wages | $ | $ | $ | $ |
| Unemployment Compensation | $ | $ | $ | $ |
| Social Security | $ | $ | $ | $ |
| Railroad Retirement | $ | $ | $ | $ |
| Veteran's Benefits | $ | $ | $ | $ |
| Pensions | $ | $ | $ | $ |
| Interest | $ | $ | $ | $ |
| Dividends | $ | $ | $ | $ |
| Rental Income | $ | $ | $ | $ |
| Fuel Assistance | $ | $ | $ | $ |
| Food Stamps | $ | $ | $ | $ |
| Other: _____ | $ | $ | $ | $ |
| Other: _____ | $ | $ | $ | $ |
| Total Income: | $ | $ | $ | $ |
| | | | **GRAND TOTAL:** | **$** |

## 4. ASSETS BALANCES OF ACCOUNTS OR VALUES OF ASSETS ON DECEMBER 31, 2015

| | Applicant | Spouse | |
|---|---|---|---|
| Real Estate | $ | $ | **Please Attach Copies of Proof of Income and Proof of Bank Accounts.** |
| Checking Accounts | $ | $ | |
| Savings Accounts | $ | $ | |
| CD's | $ | $ | |
| Cash Value of Life Insurance | $ | $ | |
| Stocks | $ | $ | Address of other Real Estate: |
| Bonds | $ | $ | |
| IRA's/401k's/Annuities | $ | $ | |
| Other Real Estate | $ | $ | |
| Other: _____ | $ | $ | |
| | | | |

**OTHER ASSETS: Auto, Boat, Camper and similar**

| Type | Year | Make | Model | Value |
|---|---|---|---|---|
| **Vehicle 1** | | | | |
| **Vehicle 2** | | | | |
| **Vehicle 3** | | | | |
| **Vehicle 4** | | | | |
| **Vehicle 5** | | | | |
| **Boat/RV** | | | | |
| **Boat/RV** | | | | |
| **Trailer** | | | | |
| **Trailer** | | | | |
| **Camper** | | | | |
| **Camper** | | | | |

## 5. AFFIDAVIT

**In order for your application to be processed, you must complete all sections of this application and sign on the applicant signature line. The Exemption is granted on an annual basis and a new application must be filed each year. Please be advised that submission of an incomplete application may result in your application being denied. The information you provide is confidential and not open for public inspection.**

I hereby request real estate tax relief and certify that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that any person falsely requesting tax relief shall be guilty of a Class 3 misdemeanor (NN § 40-54). I agree to notify the Office of the Commissioner of the Revenue immediately if any changes occur in respect to my income, financial worth, or ownership of the property.

I authorize the Commissioner of the Revenue to obtain any verification necessary to both determine and review financial assistance eligibility. This authorizes release of information to the Commissioner of the Revenue's Office.

Signature _____ Date _____

# YOU MUST PROVIDE PROOF OF INCOME