



**RENEWAL APPLICATION FILING DEADLINE IS APRIL 1, 2016**

**First time applicants must file no later than October 31, 2016**

The County of Albemarle offers Real Estate Tax Relief to certain qualified elderly and disabled property owners. You may qualify for tax relief if you meet the following criteria:

- ✓ **You were the title holder of the property as of January 1, 2016.** Properties titled in a life estate may qualify as long as all the eligibility requirements are met. Properties held in a revocable inter vivos trust may qualify if an eligible owner or an eligible owner and his spouse hold the power of revocation. Properties held in an irrevocable trust may qualify if an eligible owner alone or in conjunction with his spouse possesses a life estate or an estate for joint lives or enjoys a continuing right of use or support.
- ✓ **You are at least 65 years of age or have been medically determined to be totally and permanently disabled as of December 31, 2015.** The property must be occupied as your sole dwelling. A dwelling jointly held by you and your spouse may qualify if either you or your spouse is 65 or older or is totally and permanently disabled. Any co-owner(s), other than the spouse, must be 65 or older or totally and permanently disabled, in order for the property to qualify.
- ✓ **Your combined total income for calendar year 2015 from all sources does not exceed \$69,452.** The income of all residents of the dwelling must be reported in the income with the exception of bona fide tenants or bona fide paid caregivers of the owner. A \$6,500 deduction will be allowed from the income of each relative living in the home other than the spouse. Disabled applicants may deduct the first \$7,500 of the owner's income.
- ✓ **Your combined total net worth including your spouse, co-owner(s), and their spouse(s) as of December 31, 2015, does not exceed \$200,000** (excluding the value of the dwelling and up to 10 acres of land on which the dwelling is situated) for which the exemption is sought.

**REQUIRED DOCUMENTATION**

- ✓ **First time applicants:**
  - ➔ If you are under 65 years of age, proof of disability is required. Please attach a certification from the Social Security Administration, Railroad Retirement Board, Department of Veteran Affairs, or signed affidavits by two medical doctors licensed in Virginia to the effect that you are totally and permanently disabled.
  - ➔ Proof of age is required. Please attach a copy of your Driver's License or Birth Certificate as proof of age.
  - ➔ If your property is jointly owned and the co-owner is deceased, a certified copy of the death certificate is required.
- ✓ **All applicants:**
  - ➔ **Documentation of each item of Income and Net Worth MUST be included with all applications (See Documentation required column on Parts IV and V).**
  - ➔ **Completed application. The application must be filled out in its entirety.**

Changes with respect to your income, net worth, ownership of the property, or other factors occurring during the current tax year or any prior years in which the relief was received, shall nullify any exemption or shall result in a proration of the exemption for the year(s) in which the relief was granted. You must notify the Department of Finance, Revenue Administration Division of any changes that would affect your relief status immediately after the change.

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**Your Application Will Be Denied If..**

- **The applicant(s)'s age or disability requirement is not met**
- **The applicant(s)'s income or net worth limitations are exceeded**
- **The applicant(s) has/have no ownership interest in the property**
- **The completed application and ALL supporting documentation is not submitted by the filing deadline**

For Office Use Only
Date Received: _____
By: _____
Counter ____ Mail ____
In Person ____

**COUNTY OF ALBEMARLE**  
**APPLICATION FOR REAL ESTATE TAX RELIEF**  
**DEPARTMENT OF FINANCE**  
**REVENUE ADMINISTRATION**  
**401 MCINTIRE ROAD – ROOM 133**  
**CHARLOTTESVILLE VA 22902-4596**  
**2016 APPLICATION**

For Office Use Only
Percentage Relief _____
APPROVED (Y/N) _____
DENIED: Income/NetWorth _____
New/Renewal Applicant _____
Processed By: _____

**RENEWAL FILING DEADLINE: APRIL 1, 2016**  
**New Applicant Deadline: October 31, 2016**

Please complete all information on all pages. Place the word "NONE", "N/A", or "0" on any line that does not apply to you.

**PART I – ELIGIBILITY FOR EXEMPTION**

**AGE:**

\_\_\_\_\_ I, (or my spouse) was 65 years of age on December 31, 2015. If applying for the first time, please attach a copy of your Driver's License or Birth Certificate.

**DISABILITY:**

\_\_\_\_\_ I was permanently and totally disabled on December 31, 2015. For those under 65 years of age, proof of disability is required. Please attach a certification from the Social Security Administration, Railroad Retirement Board, Department of Veteran Affairs, or signed affidavits by two medical doctors licensed in Virginia to the effect that such person is totally and permanently disabled as defined in the Code of Virginia §58.1-3517: Permanently and Totally Disabled.

**PART II – GENERAL INFORMATION**

**1. APPLICANT (Property Owner / Title Holder)**

(a) Name \_\_\_\_\_  
*Last*
*First*
*Middle*

(b) Social Security #: \_\_\_\_\_ (c) Telephone: \_\_\_\_\_ (d) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address of Property: \_\_\_\_\_

Tax Map/Parcel Number of Property: \_\_\_\_\_

Mailing Address – if different: \_\_\_\_\_

(e) Is residence occupied by the applicant as their sole dwelling? YES \_\_\_\_\_ NO \_\_\_\_\_

(f) Are you applying for tax relief for the first time? YES \_\_\_\_\_ NO \_\_\_\_\_

**2. List  SPOUSE or  PROPERTY CO-OWNER(S). List all owners of the property. Use additional sheets if necessary.**

(a) Name \_\_\_\_\_  
*Last*
*First*
*Middle*

(b) Social Security #: \_\_\_\_\_ (c) Telephone: \_\_\_\_\_ (d) Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

(e) IF SPOUSE OR CO-OWNER IS DECEASED, SHOW DATE OF DEATH \_\_\_\_/\_\_\_\_/\_\_\_\_. **First time applicants must provide a copy of the death certificate.** For renewal applicants, if spouse/property co-owner has died since your previous application, a copy of the death certificate is required with this application.

For additional information please call (434) 296-5851, Option 3 or  
 1-800-828-1120 if hearing or speech impaired.

**PART III – COMPLETE THE FOLLOWING INFORMATION FOR ALL PERSONS LIVING ON THE PROPERTY (OTHER THAN APPLICANT AND SPOUSE). Attached additional sheet if necessary**

**IF THERE IS NONE, CHECK BOX:**

NAME	RELATIONSHIP TO APPLICANT	SOCIAL SECURITY NUMBER	DATE OF BIRTH	REQUIRED TO FILE INCOME TAX RETURN?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

**PART IV – TOTAL INCOME**

Enter the total income from all sources, for calendar year 2015, of applicant, spouse, co-owners and their spouse(s), and all others living in the dwelling. List each relative's income separately, using additional pages as necessary. Where there is nothing to report, enter "0".

**COPIES OF ALL INCOME DOCUMENTS MUST BE FURNISHED. IF APPLICABLE, ATTACH A COPY OF YOUR FEDERAL INCOME TAX RETURN. IF YOU ARE NOT REQUIRED TO FILE A 2015 TAX RETURN CHECK HERE:**

<i>Income As of December 31, 2015</i>	<i>Documentation Required</i>	<i>Applicant</i>	<i>Spouse / Co-Owner Living in Dwelling</i>	<i>Owner's Relative Living in Dwelling</i>	<i>Occupant living in dwelling</i>
Wages, Salaries, Etc.	W-2				
Taxable Interest, Dividends	1099-INT, 1099-DIV				
Alimony Received					
Business Income	Schedule C				
Capital Gains or (Loss)	Schedule D				
Social Security / Railroad / Veterans	SSA-1099				
IRA Distribution / Pension / Annuity	1099-R				
Rental Real Estate, Royalties, Partnerships, S Corporations, Trust, etc.	Schedule E/K				
Unemployment Compensation	1099-G				
Other Income (List type and amount)					
<b>Sub-Total</b>					
<b>*Allowable Deductions:</b> <ul style="list-style-type: none"> <li>o \$7,500 from applicant's income if applying under disability eligibility</li> <li>o \$6,500 from each relative's income living in the home</li> </ul>					
<b>TOTAL INCOME</b>					
<b>TOTAL COMBINED INCOME</b>					

\*or amount from sub-total, whichever is lower

For additional information please call (434) 296-5851, Option 3 or 1-800-828-1120 if hearing or speech impaired.

**PART V – ASSETS / NET WORTH**

Enter the net financial worth as of December 31, 2015, for the applicant, spouse, property co-owner(s) and their spouse(s). Use additional sheets if necessary. **If there is nothing to report, enter “0”.**

**COPIES OF DOCUMENTATION VERIFYING VALUE OF ASSET(S) MUST BE FURNISHED.**

<i>Value of Assets as of December 31, 2015</i>	<i>Documentation Required</i>	<i>Applicant</i>	<i>Spouse</i>	<i>Co-Owner / Co-Owner's Spouse</i>	<i>Co-Owner / Co-Owner's Spouse</i>
Real Estate in Albemarle County (List on page 4 of application)	N/A				
Real Estate Not in Albemarle County (List on page 4 of application)	Assessment				
Personal Property located in and out of Albemarle. (List on page 4 of application)	N/A				
Checking Accounts	Account Statement				
Savings Accounts / Certificates of Deposit	Account Statement				
Retirement Accounts, IRA's, Deferred Compensation Accounts	Account Statement				
Stocks, Bonds	Account Statement				
Other Assets (Investments, etc)	Account Statement				
<b>Sub-Total</b>					
Less: Value of Home and up to 10 acres of land					
<b>Total Assets</b>					

**COPIES OF DOCUMENTATION VERIFYING BALANCES OF LIABILITY(S) MUST BE FURNISHED.**

<i>Less: Liabilities as of December 31, 2015</i>	<i>Applicant</i>	<i>Spouse</i>	<i>Co-Owner / Co-Owner's Spouse</i>	<i>Co-Owner / Co-Owner's Spouse</i>
<b>Notes payable:</b> Balance due on notes, bank loans, etc. <u>Do not</u> include any mortgage balance on the dwelling and up to 10 acres of land for which exemption is sought				
<b>Charge cards/personal loans:</b> Balance due on charge accounts with merchants or charge plans such as VISA or MasterCard				
<b>Other Debts:</b> Other financial obligations not specified above, such as amounts owed to hospitals, doctors, et				
<b>Total Liabilities</b>				
<b>Net Assets (Total Assets Minus Total Liabilities)</b>				
<b>Combined Net Financial Worth</b>				

For additional information please call (434) 296-5851, Option 3 or 1-800-828-1120 if hearing or speech impaired.

**REAL ESTATE:** List the address and location of all real estate owned by the applicant, applicant's spouse, and property co-owners, including any additional lots:

Tax Map/Parcel #	Parcel Address	Locality	# of Acres	Assessed Value
<b>Total Value</b>				

**PERSONAL PROPERTY:** List all vehicles, trucks, trailers, campers, etc. owned in or outside Albemarle County

Auto Description	Account #	Assessed Value - Applicant/Spouse	Assessed Value of Co-Owner's Property	Assessed Value of Co-Owner's Property
<b>Total Value</b>				

The completed application and ALL supporting documentation **MUST BE** submitted by the filing deadline to review your application for qualification.

I, the undersigned applicant, affirm that the foregoing amounts and statements are true, complete, and correct to the best of my knowledge and I am the owner of the property and occupy it as my sole residence.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date