



(√ The appropriate )

1. Is this dwelling occupied by the applicant as his 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 the applicant.

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3. List the names, relation, **ages** and **social security** numbers of all persons related to the applicant who occupy the above dwelling.

Name	Relation	Age	Social Security No.

**Please complete this gross income statement for the calendar year 2016. Included in this statement should be the total gross income from all sources of the applicant and spouse and income of each relative living in the dwelling.**

**COMPLETE ALL SPACES**

GROSS INCOME	Applicant	Spouse	Relatives living in dwelling
Salaries, Wages, Etc.			
Pensions			
Social Security			
Interest & Dividends			
Rental Income, Income from Businesses			
Child Support, Alimony			
Welfare Benefits, Fuel, Food Stamps			
Gifts			
Capital Gains, IRA			
Other Sources-Reverse Mortgage			
Total	\$	\$	\$

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

Please complete this statement of net financial worth as of December 31, 2016. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, of the owner of the dwelling for which exemption is claimed, and shall exclude the value of the dwelling and 5 acres, upon which the dwelling is situated.

**COMPLETE ALL SPACES**

<b>NET VALUE OF ASSETS</b>	<b>APPLICANT</b>	<b>SPOUSE</b>
Real Estate (in King William other than residence)		
Real Estate (outside of King William)		
Personal Property (Auto(s))		
Savings Account (s)		
Checking Account (s)		
Stocks		
Bonds		
Insurance (Cash Value)		
Other Assets		
Total	\$	\$
Total Combined Net Financial Worth of the Applicant and Spouse	\$	\$

**AFFIDAVIT**

I DO HEREBY DECLARE THAT THE INFORMATION INCLUDED IN THIS APPLICATION IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, COMPLETE AND TRUE IN ALL RESPECTS AND THAT I AM THE OWNER OF THE PROPERTY LISTED AND OCCUPY IT AS MY SOLE RESIDENCE. I CERTIFY THAT I HAVE LISTED ALL INCOME OF ALL RELATIVES LIVING IN THE DWELLING. THIS APPLICATION WILL BE RETURNED IF NOT SIGNED BY ANOTHER ADULT WITNESS. IF A PERSON IS SIGNING FOR THE OWNER THEY MUST SIGN THE APPLICANT'S NAME, WRITE THEIR NAME UNDERNEATH AND INDICATE THAT THEY HAVE POWER OF ATTORNEY. ANY PERSON WHO KNOWINGLY FALSELY CLAIMS AN EXEMPTION SHALL BE GUILTY OF A MISDEMEANOR AND UPON CONVICTION THEREOF, MAY BE PUNISHED BY A FINE NOT TO EXCEED \$200.00.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness (other than spouse)

\_\_\_\_\_  
Date

**RETURN FORMS TO:**

**SALLY W. PEARSON**  
**COMMISSIONER OF THE REVENUE**  
**P O BOX 217**  
**KING WILLIAM, VIRGINIA 23086**

# KING WILLIAM COUNTY

## REAL ESTATE TAX RELIEF FOR THE ELDERLY AND DISABLED PERSONS

The property for which tax exemption is claimed must be owned or partially owned and lived in by the applicant on December 31st of the preceding year.

The persons claiming exemption must be age 65 or older as of December 31st of the preceding year or is determined to be permanently or totally disabled. If the applicant is in a hospital or other extended care facility on December 31st, they may still qualify if they meet the other requirements, and the house is not leased to or used by others for consideration.

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### REQUIREMENTS

**Gross combined income cannot exceed \$50,000.**

**Net worth cannot exceed \$100,000.00 the house and up to 5 acres are excluded from this requirement.**

**Income of relatives living in the home will be included in the gross income.**

**Application must be filed with the Commissioner of the Revenue on or before March 1st of each year.**

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**SUPPORTING DOCUMENTS FOR EACH ENTRY OF INCOME AND NET WORTH MUST BE INCLUDED WITH APPLICATION. SUCH DOCUMENTS NEEDED ARE:**

**END OF YEAR STATEMENTS OF INCOME OF CHECKING, SAVINGS, SOCIAL SECURITY ADMIN. AND VETERAN AFFAIRS.**

**DISABILITY PROOF FOR THOSE UNDER 65 YEARS (CERTIFICATION FROM SOCIAL SECURITY ADMIN., OR TWO SIGNED AFFIDAVITS FROM LICENSED DOCTORS TO THE AFFECT THAT SUCH PERSON IS PERMANENTLY AND TOTALLY DISABLED.**

### IMPORTANT

THE INFORMATION REQUESTED ON THIS APPLICATION MUST BE FILLED OUT IN ITS ENTIRETY AND RETURNED TO THE COMMISSIONER OF THE REVENUE, KING WILLIAM, VIRGINIA 23086. APPLICATIONS MUST BE FILED BY **MARCH 1ST** OF EACH YEAR. If ADDITIONAL SPACES ARE NEEDED, YOU MAY ATTACH ADDITIONAL SHEETS TO THIS APPLICATION. PLEASE REMEMBER THIS PROGRAM DOES NOT AFFECT ANY DELINQUENT TAXES YOU MAY HAVE.

THE TAX RELIEF AMOUNT IS BASED ON YOUR INCOME AND YOUR TAX RELIEF AMOUNT **CANNOT EXCEED 1,000.00 PER YEAR.**

**ALL INFORMATION ON THIS APPLICATION IS CONFIDENTIAL AND NOT OPEN TO PUBLIC INSPECTION. FOR ADDITIONAL INFORMATION PLEASE CALL (804) 769-4942 OR COME TO THE COMMISSIONER OF THE REVENUE'S OFFICE IN THE ADMINISTRATION BUILDING.**

