



**CITY OF HARRISONBURG**  
Office of  
**COMMISSIONER OF THE REVENUE**  
409 South Main Street  
Harrisonburg, Virginia 22801

**File by May 1**

**AFFIDAVIT AND APPLICATION  
for REAL ESTATE TAX RELIEF  
for THE ELDERLY OR  
PERMANENTLY DISABLED**

**Relief begins  
July 1**

Read Requirements for Exemption on Page 4.

The information required on this application must be filled out in its entirety and returned to the Commissioner of the Revenue, City Hall, Harrisonburg, Va. Applications must be filed by May 1 prior to the fiscal year for which the exemption is requested. Complete all spaces on the application that are applicable. Questions that cannot be answered within the spaces provided may be answered by attaching additional sheets to the application. This exemption is granted on an annual basis. Each second and third year, a form (provided by this office) certifying that no material changes have occurred in income and net worth is permitted in place of this application. All information on the application is confidential and not open to public inspection. For additional information, please call 432-7795.

**APPLICANT:**

Property owner Last Name First Middle

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ month day year SOCIAL SECURITY NO. \_\_\_\_\_ Phone: \_\_\_\_\_

**SPOUSE:**

Last Name First Middle

Birth Date: \_\_\_\_\_ month day year SOCIAL SECURITY NO. \_\_\_\_\_ Phone: \_\_\_\_\_

Name under which property is listed and appears on the tax bill, if different from the applicant's or spouse's name:

**NAME:** \_\_\_\_\_

Map # (copy from tax bill): \_\_\_\_\_

Land Value \$ \_\_\_\_\_ Building Value \$ \_\_\_\_\_ Total Value \$ \_\_\_\_\_

FOR OFFICE USE ONLY			
GROSS INCOME FROM ALL SOURCES \$	_____	QUALIFYING VEHICLE VIN	_____
NET WORTH \$	_____	YEAR	_____ MAKE _____ MODEL _____
Percentage of relief granted on real estate	_____ %	Percentage of relief granted on vehicle	_____ %
Current year Tax Due	\$ _____	Current year Tax Due	\$ _____
Amount of Relief Granted	\$ _____	Amount of Relief Granted	\$ _____
Balance to be Paid by Taxpayer	\$ _____	Balance to be Paid by Taxpayer	\$ _____

**NOTE: Tax relief begins July 1 of each year.**

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

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

Name	Relation	Age	Social Security No.

Please complete the gross income schedule for the calendar year \_\_\_\_\_. Included in this statement should be the total gross income from all sources of the applicant and spouse. Also report income of each relative residing in the dwelling except for those relatives and non relatives living in the dwelling and providing bona fide caregiving services to the owner(s) whether such relatives or non relatives are compensated or not.

**GROSS INCOME SCHEDULE**

GROSS INCOME	Applicant	Spouse	Relative - 1	Relative - 2
Salaries, Wages, Etc. W-2 or Tax returns				
Pensions or Retirement 1099-R				
Social Security SSA-1099				
Interest 1099-INT				
Dividends 1099-DIV				
Rental inc/Business inc Schedule C/E/K				
Welfare 1099				
Snap/Food stamps/fuel assistance Social Services				
Capital Gains Schedule D				
Trust Fund Income				
All Other Sources i.e. Gifts, lottery include Cash on Hand				
Less Relative Income Exemption	xxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxx	(\$5,000.00)	(\$5,000.00)
Total for Each Column				

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

**IMPORTANT NOTES:** 1) Attach a copy of supporting documentation of all income and assets referenced on pages 2 and 3 of this application with end-of-year statements from the income and asset sources. Applications without the necessary documentation cannot be approved. Our office holds all tax relief documentation strictly confidential in accordance with State Law. 2) Attach a copy of your Federal Income Tax Return for last year if you filed with the IRS.

**NOTE: If you filed a Federal Income Tax Return last year, attach copy.**

Please complete this schedule of net financial worth as of December 31, \_\_\_\_\_. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, including equitable interest, of the owner of the dwelling for which exemption is claimed, and shall exclude the fair market value of the dwelling and the land, not exceeding one acre, upon which the dwelling is situated.

### NET WORTH SCHEDULE

**\*\*Applicant(s) must provide end year statements/documentation as evidence of balances and/or value-Dec 31st**

NET VALUE OF ASSETS	Applicant	Spouse	Relative - 1	Relative - 2
Real Estate (other than residence)				
Personal Property and Auto(s)				
Savings Account(s)				
Checking Account(s)				
Stocks				
Bonds				
Insurance (Cash Value)				
Property in Trust				
Other Assets				
<b>TOTAL ASSETS (A)</b>				
<b>Less LIABILITIES</b>	<b>**Liabilities that can be included are: a monthly payment billed/paid for each month of the preceding tax year and still carries a balance, has an account number and can produce a statement as evidence.</b>			
Notes Payable				
Accounts Payable				
Mortgage (s) Payable				
Taxes Due - Federal				
Taxes Due - State				
Taxes Due - Local				
All Other Debts i.e. medical, credit cards etc				
<b>TOTAL LIABILITIES (B)</b>				
<b>NET WORTH</b> (Subtract line B from line A)				
<b>COMBINED NET WORTH ( Total of All Columns)</b>				<b>\$</b>

Changes in respect to income, financial worth, ownership of property or other factors occurring during the taxable year for which the application is filed and having the effect of exceeding or violating the limitations and conditions provided by ordinance shall nullify any exemption for the then current taxable year. These changes should be reported immediately to the Commissioner of the Revenue.

Have you previously applied for a tax exemption?

If "yes", application was      Approved \_\_\_\_\_      Denied \_\_\_\_\_

#### AMOUNT OF EXEMPTION

Combined Gross Income	\$0 - \$30,000	Exemption shall be 100%
Combined Gross Income	\$30,001 - \$35,000	Exemption shall be 80%
Combined Gross Income	\$35,001 - \$40,000	Exemption shall be 60%
Combined Gross Income	\$40,001 - \$45,000	Exemption shall be 40%
Combined Gross Income	\$45,001 - \$50,000	Exemption shall be 20%

**NOTE: If you filed a Federal Income Tax Return last year, attach copy.**

# AFFIDAVIT

I certify, under the penalties provided by law, that this application for Real Estate Tax Relief for the Elderly, including any accompanying schedules or statements, to the best of my knowledge and belief is true, correct, and complete.

**X**  
\_\_\_\_\_  
Signature of Applicant

**X**  
\_\_\_\_\_  
Date

**Atteste:**  
\_\_\_\_\_  
Commissioner or Deputy Commissioner of the Revenue

\_\_\_\_\_  
Date

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## REQUIREMENTS FOR EXEMPTION

### City of Harrisonburg Code of Ordinances Sec. 4-2-21 through 4-2-27

1. The title to the property for which exemption is claimed must be held, or partially held, on July 1 of the taxable year by the person or persons claiming exemption.
2. The head of household occupying the dwelling and owning title, or partial title, must be 65 years old or older or permanently disabled on December 31 of the year immediately preceding the taxable year. Such dwelling must be occupied as the sole dwelling of the persons not less than 65 years of age.
3. The gross combined income of the owner or owners during the year immediately preceding the taxable year shall be determined by the commissioner of the revenue to be an amount not to exceed fifty thousand dollars (\$50,000.00). Gross combined income shall include all income from all sources of (i) the owners of the dwelling who use it as their sole residence, (ii) the owner's relatives living in the dwelling for which the exemption is claimed, except for those relatives living in the dwelling and providing bona fide caregiving services to the owner whether such relatives are compensated or not, and (iii) nonrelatives of the owner who live in the dwelling except for bona fide tenants or bona fide caregivers of the owner, whether compensated or not. Determination of gross combined income is further subject to subdivision 1b of section 58.1-3211 of the Code of Virginia, 1950, as amended.
4. The owner's net financial worth, including the present value of all equitable interest, as of December 31 of the immediately preceding calendar year, excluding the value of the principal residence and the land, not exceeding one (1) acre, upon which it is situated, shall not exceed one hundred thousand dollars (100,000.00).
5. Annually, and not later than May 1, the exempt taxpayer shall file a certification with the commissioner stating that no material circumstances have changed since the application or last annual certification. If material circumstances have changed, the taxpayer shall set forth the specifics.
6. The exemption shall be revoked if the taxpayer fails to pay the reduced tax on time.

NOTE: Any person falsely or fraudulently claiming an exemption under this division 1, or providing false information to the commissioner, shall be guilty of a class one misdemeanor. Further, any person making false statements on an affidavit may be subject to prosecution for perjury.

DATE REVIEWED: \_\_\_\_\_

APPROVED: \_\_\_\_\_

DENIED: \_\_\_\_\_

REMARKS: \_\_\_\_\_