



T. Scott Harris, MCR  
Commissioner

# COUNTY OF HANOVER, VIRGINIA REACH: REAL ESTATE TAX RELIEF-SENIOR TAX YEAR 2017

Office of the Commissioner of the Revenue  
PO Box 129, Hanover, VA 23069

Tel: 804-365-6128 Fax: 804-365-6111 Email: commissioner@hanovercounty.gov



**FILING DEADLINE IS MARCH 1, 2017**



Name on Tax Bill:	GPIN:	Account: *
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## GENERAL INFORMATION AND REQUIREMENTS

- ❖ The applicant must be **65** years old or older by **December 31, 2016 and reside on the property**. If ownership is shared with persons other than the spouse, all such owners must live on the premises to qualify.
- ❖ The applicant must be an owner of the property on December 31 of the preceding year. If the applicant is in a hospital or other extended care facility on December 31, they may still qualify if the house is not rented or leased for consideration. For all owners, except a spouse, it must be their sole dwelling.
- ❖ Gross combined income of all owners and relatives living in the home cannot exceed **\$50,000**. The income of all relatives living in the house must be included; however, up to \$10,000 from each non-owner relative (not the applicant or spouse) may be excluded.
- ❖ Combined financial worth of the applicant, co-owners, and spouses may not exceed **\$200,000**. The value of the house and up to ten (10) acres of land on the same parcel is excluded from your net worth.
- ❖ The amount of the tax relief will be based on an approved sliding scale using the combined household income and multiplied by the % ownership of the qualifying owners.
- ❖ Full Applications are required every three years. Between those three years, a signed affidavit will be required to continue your tax relief status. If there has been a significant change in your income or assets you must immediately notify the Commissioner of the Revenue so you may complete another full application.

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**If you require assistance in completing this form, we can assist you in person (without appointment) at the Wickham Building, 7497 County Complex Road, Room 107, Hanover, VA, 23069, by telephone at 804-365-6128, or by a visit to your residence (by appointment).**

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## APPLICATION CHECKLIST

- \_\_\_\_\_ 1. Answer all questions & fill-in all spaces. If a question does not apply to you, write in "NONE", "0", or "NA"
- \_\_\_\_\_ 2. Sign the affidavit on page 5. If a person is signing for the owner as Power of Attorney, please indicate this and include a copy of the Power of Attorney.
- \_\_\_\_\_ 3. Have your signature witnessed by another independent adult. Your spouse may not sign as a witness.
- \_\_\_\_\_ 4. Return the application upon completion, no later than March 1, to the Commissioner of the Revenue, PO Box 129, Hanover, VA, 23069-0129.

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

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

**Applicant:** \_\_\_\_\_  
Last Name First Middle

**Birth Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Month Day Year

**Spouse:** \_\_\_\_\_  
Last Name First Middle

**Birth Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Month Day Year

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**Complete the following questions.**

1. Is the property occupied by the applicant as his/her sole dwelling? Yes \_\_\_\_ No \_\_\_\_

2. What is Applicant's Ownership? (Check the appropriate space.)

**100% Owner** (with or without Spouse) \_\_\_\_ **Partial Owner** \_\_\_\_

**If a Partial Owner**, please list all other owners and each owner's percentage of ownership.

List name(s) of all owners, their percentage of ownership and if the house is the sole dwelling.

Applicant			Percentage of Ownership	_____ Yes or No
Name	DOB	Percentage of Ownership		Sole Dwelling
_____	_____	_____	_____	_____ Yes or No
Name	DOB	Percentage of Ownership		Sole Dwelling
_____	_____	_____	_____	_____ Yes or No
Name	DOB	Percentage of Ownership		Sole Dwelling

3. Are there any relatives of the owners or their spouse living in the residence? Yes \_\_\_\_ No \_\_\_\_

If yes, please complete the following for relatives over the age of 18:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are any of the above acting as a caregiver of the applicant and/or spouse? Yes \_\_\_\_ No \_\_\_\_

**In accordance with Hanover County Code §22-23, the Commissioner of the Revenue shall make any other reasonably necessary inquiries of persons seeking an exemption under this division, requiring answers under oath, to determine the qualification for such exemption. For such purpose, the Commissioner may require the production of certain supporting documentation including, but not limited to income tax returns and related forms, social security documents, and bank statements to establish the income or financial worth of any applicant for relief.**

**GROSS INCOME** – Report the total **GROSS INCOME** during 2016, by source, for the applicant, spouse, and all other co-owners or relatives living in the dwelling. If more than one relative lives in the dwelling, use the last column or combine numbers. If there is no income for a specific line, enter “0”.

**We will add the numbers for you if you would like. If you have questions, please call us at 804-365-6128.**

<b>INCOME – Annual Gross Dollars, No Decimals</b>	<b>Applicant</b>	<b>Spouse or Co-Owner</b>	<b>Relative, (Exclude a Caregiver)</b>	<b>Others - Write Name</b>		
Salaries, Wages, etc. (W-2)	\$	\$	\$	\$		
Pensions & Annuities	\$	\$	\$	\$		
Social Security or Railroad Retirement (before deductions)	\$	\$	\$	\$		
Interest & Dividends	\$	\$	\$	\$		
IRA Distributions	\$	\$	\$	\$		
Capital Gains	\$	\$	\$	\$		
Rental Income	\$	\$	\$	\$		
Public Assistance (EBT, Unemployment Benefits, etc.)	\$	\$	\$	\$		
Gifts Received / Prizes Won (substantial)	\$	\$	\$	\$		
Other - including Self Employment	\$	\$	\$	\$		
Sub-Total	\$	\$	\$	\$		
Less up to \$10,000 from relative's total income	\$	N/A	\$	N/A	\$ (10,000)	\$
<b>TOTAL GROSS INCOME</b>	\$	\$	\$	\$		

**TOTAL HOUSEHOLD INCOME** (add the totals from the above line)

\$
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**NET WORTH – Net worth is calculated by subtracting your liabilities from your assets. Use the value as of December 31, 2016 for each category listed below.**

**We will add the numbers for you if you would like. If you have questions, please call us at 804-365-6128.**

<b>Value of Assets</b> (exclude your Hanover residence)	<b>Applicant</b>	<b>Spouse or Co-Owner</b>	<b>Other Co-Owner(s)</b>
Other Real Estate located in Hanover County	\$	\$	\$
Real Estate located outside of Hanover County (attach copy of tax bill)	\$	\$	\$
Motor vehicles, boats, trailers, campers, etc.	\$	\$	\$
Checking & Money Market Account Balances	\$	\$	\$
Savings Account Balance(s)	\$	\$	\$
Certificates of Deposit (CD's)	\$	\$	\$
Stocks, Bonds, Mutual Funds, etc	\$	\$	\$
Life Insurance (only the Cash Value, if any)	\$	\$	\$
Worker's Compensation Benefits	\$	\$	\$
IRAs, Annuities, 401K Plans (Balances)	\$	\$	\$
Other Assets (i.e. Trust Accounts)	\$	\$	\$
<b>TOTAL ASSETS (A)</b>	\$	\$	\$
<b>Balance of Liabilities</b>			
Notes Payable Balance – unpaid balance of bank loans for vehicles, boats, etc.	\$	\$	\$
Credit Card & Merchant Balances	\$	\$	\$
Mortgage Balance – do not include mortgage on property you are requesting tax relief	\$	\$	\$
Federal, State or Local Taxes PAST Due	\$	\$	\$
Other Debt – unpaid balance due doctors, dentist, hospital, etc.	\$	\$	\$
<b>TOTAL LIABILITIES (B)</b>	\$	\$	\$
<b>TOTAL NET WORTH</b>			
<b>SUBTRACT LIABILITIES (B) FROM ASSETS (A)</b>	\$	\$	\$

**TOTAL HOUSEHOLD NET WORTH** (add the totals from the above line) \$

**AFFIDAVIT FOR REAL ESTATE TAX RELIEF**

**I do hereby declare that my income and net worth are true and correct to the best of my knowledge and belief and that the property is my sole residence. 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 \$1,000 or confinement in jail not to exceed twelve months or both.**

**In addition, this signed affidavit allows the qualified applicant's name and property address to be released, if applicable, to the Department of Public Utilities and/or Department of Fire and EMS for the purpose of receiving any allowable discounts for services. This release remains in effect for three years unless you notify us otherwise.**

**Applicant's Email Address:** \_\_\_\_\_

_____ <b>Signature of Applicant</b>	_____ <b>Date Signed</b>	_____ <b>Telephone Number</b>
_____ <b>Signature of Witness (other than spouse)</b>	_____ <b>Date Signed</b>	_____ <b>Telephone Number</b>

The application will be returned if the applicant has not signed and/or the signature has not been witnessed by another adult other than your spouse. **If a person is signing with a Power of Attorney, please indicate this on the signature line and include a copy of the Power of Attorney with the application.**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Virginia State Code §58.1-3 does not allow the release of confidential information "except in accordance with a proper judicial order or as otherwise provided by law". Without your explicit approval, this office will not release any information regarding the application to anyone other than the applicant.

If you wish to authorize the Commissioner of the Revenue or his staff to discuss the information contained in your application with any person(s) other than you (the applicant) and authorize such person(s) to receive information regarding your eligibility for this program, please complete the section below. You have the right to revoke this authorization at any time by submitting a written request to our office.

**I, or my authorized representative, request that the person specifically named below, as well as agents representing me, including, but not limited to, Real Estate Agents, a Closing Attorney, or a Mortgage Company Representative, be allowed to receive or discuss confidential information pertaining to this application.**

Name of Contact Person \_\_\_\_\_  
Address of Contact Person \_\_\_\_\_  
Telephone of Contact Person \_\_\_\_\_  
Email of Contact Person \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Authorizing this Release

\_\_\_\_\_  
Date

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