



Spotsylvania County, Virginia

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Deborah F Williams, Commissioner of Revenue

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2012 TAX RELIEF RENEWAL INSTRUCTIONS & APPLICATION

Renewal application for all or part exemption of residence from real estate taxation for persons sixty-five (65) years or older and/or permanently and totally disabled before January 1 of the tax year.

GENERAL INFORMATION

- ❖ A maximum amount of up to **\$1,000.00** in taxes can be exempted.
- ❖ The exemption is for the dwelling and up to **one (1) acre** of land.
- ❖ The prior year gross income and net worth totals are used to determine if the applicant qualifies.
- ❖ The exemption is granted on an annual basis and a new application has to be filed each year.
- ❖ All information on the application is confidential and not open to public inspection.
- ❖ Attach a copy of supporting documentation of income and assets referenced on the renewal as of 12/31/11.

QUALIFICATIONS

- ❖ Gross household income cannot exceed **\$50,000**.
- ❖ Gross net worth cannot exceed **\$150,000**.
- ❖ Applicant(s) are required to reside on the exempted property full time unless occupying a nursing home or hospital.

INSTRUCTIONS TO THE APPLICANT

- ❖ Please fill out the application in its entirety & attach copies of supporting documentation.
- ❖ Have the renewal **Notarized**. **RENEWALS RETURNED WITHOUT BEING NOTARIZED MAY NOT BE PROCESSED.**
- ❖ Return the renewal to the Commissioner of the Revenue, Real Estate Dept., P. O. Box 175, Spotsylvania, VA 22553.
- ❖ **Filing deadline is March 1st, 2012.** **RENEWALS RETURNED AFTER MARCH 1ST, MAY NOT BE ACCEPTED.** Applicants were made aware of the deadline when the original application was filed and an acknowledgement was signed.

2012 TAX RELIEF RENEWAL APPLICATION

Applicant's Social Security # _____ - _____ - _____

Co-Applicant's Social Security # _____ - _____ - _____

Phone Number (_____) _____ - _____

For Office Use Only (Rev 11-11)		
Tax Year 2012	Tax Map	Date
Assessed - Land Value	Improvement Value	Total Value
Exemption Land Value	Improvement Value	Total Value
Disabled		Elderly

Applicant's Date of Birth ____/____/____

Co-Applicant's Date of Birth ____/____/____

ATTACH A COPY OF SUPPORTING DOCUMENTATION OF ALL INCOME AND ASSETS REFERENCED ON THIS APPLICATION WITH END OF YEAR STATEMENTS AS OF DECEMBER 31ST. FAILURE TO ATTACH DOCUMENTATION MAY CAUSE YOU TO BE INELIGIBLE FOR TAX RELIEF.

PLEASE COMPLETE SECTIONS A, B, & C

A. List the names, relationship, ages and social security numbers of all persons related to the applicant who occupy the residence.

NAME	RELATIONSHIP	AGE	SOCIAL SECURITY NUMBER

B. Please complete this gross income statement for the calendar year **2011**. Included in this statement should be the total gross income from all sources of the applicant, co-applicant and all persons related to the applicant living in the residence. An amount of \$5,500 will be deducted from the (relatives) gross income. This does not include applicant or co-applicant. Please submit a copy of your complete **Federal Tax Return for 2011 if you are required to file**. Please include all attachments.

Total combined gross income of the applicant, co-applicant, and relatives cannot exceed **\$50,000**.

*Complete 1040 for 2011 with all attachments required	Documentation Required	Applicant	Co-Applicant	Relative 1	Relative 2
Salaries/Wages:	W-2, 1099				
Social Security/ Railroad Retirement:	SSA/RRB-1099				
Annuity From:	1099-R				
Pension/Retirement From:	1099-R				
Interest From:	1099-INT				
Dividends From:	1099-DIV				
Rental Income From:	Attach List Schedule E				
Other (Please Specify From) Ex. Capital Gains, Trust Income	Ex. IRS Pub 523 Schedule E				
Totals		\$	\$	\$	\$

FINANCIAL WORTH STATEMENT

C. The value of the applicant/co-applicant’s residence and up to one (1) acre of land upon which the residence is located will be exempted. This information will be obtained from the Real Estate Department records. Complete the following statement of financial worth as of **December 31, 2011**. Asset verification consists of a statement from the financial institution holding the asset.

Total combined financial worth of the applicant and co-applicant cannot exceed **\$150,000**.

Provide Documentation from December 31 st , 2011.	Documentation Required	Applicant	Co-Applicant	Relative 1	Relative 2
Real Estate, Current Market Value (Excluding Personal Residence): List Address	Current Tax Assessment				
Vehicles/Personal Property	List Year/Make/Model				
Checking Account(s) located at _____ _____ _____	Bank Statements As of December 31 st 2011				
Savings Account(s) located at _____ _____ _____	Bank Statements As of December 31 st 2011				
Certificates of Deposits (CD'S) List Separately: located at _____ _____ _____	Bank Statements As of December 31 st 2011				
Money Market located at _____ _____ _____	Bank Statements As of December 31 st 2011				
IRA, Annuity,401K _____ _____ _____	Account Statement as of December 31 st 2011				
Stocks/Bonds/Mutual Fund _____ _____ _____	Account Statement as of December 31 st 2011				
Other Assets					
Totals		\$	\$	\$	\$

AFFIDAVIT

I, _____ of legal age, swear that the foregoing statements are true and accurate to the best of my knowledge and belief.

APPLICANT'S SIGNATURE

STATE OF VIRGINIA
COUNTY OF SPOTSYLVANIA, TO WIT:

I hereby certify that the above applicant personally appeared before me in my county and state aforesaid who being first duly sworn by me acknowledged the signature to the foregoing affidavit to be his own and stated that the information is true and correct.

Subscribed and sworn to before the undersigned Notary Public in my county and state aforesaid the ____ day of _____ 2012

My commission expires _____ Notary Public _____

DECLARATION OF UNDERSTANDING

I understand the current exempted taxes are due upon the sale of the exempted property and/or death of the applicant if there is no surviving qualifying co-applicant, or if the applicant(s) no longer reside on the exempted property for any reasons other than occupying a nursing home or hospital.

I understand that any change in ownership should be reported to the Commissioner of the Revenue.

I understand that once I am on the Tax Relief program, I am required to file a renewal each year by March 1st according to Spotsylvania County Code Sec. 21-78 paragraph (a).

I understand renewals returned after the March 1st deadline may not be accepted according to Spotsylvania County Code Sec. 21-78 paragraph (a).

I understand it is my responsibility to ensure I acquire the yearly renewal and file it with the Commissioner of the Revenue by the March 1st deadline.

I understand it is my responsibility to confirm receipt of the completed renewal by the Commissioner of the Revenue's office to avoid being removed from the Tax Relief program.

DATE: _____ SIGNATURE(S) _____