



# Application for Real Estate Tax Relief

For Persons over 65 years of Age or Disabled  
As provided by City of Norfolk Ordinance No. 26,967



Sharon M. McDonald  
Commissioner of the Revenue

New Application      Renewal

Application due  
June 1<sup>st</sup>, 2009.

## Applicant Information

Name(s) as it appears on tax bill \_\_\_\_\_  
Last First MI

Name of Applicant/Owner (Last, First, Middle) Social Security # Date of Birth

Name of Spouse/Co-Owner (Last, First, Middle) Social Security # Date of Birth

Residence Address \_\_\_\_\_  
Number Street Zip Code + Four

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

1. Is the applicant the:  Owner  Partial Owner?  
If partial, indicate the percentage of ownership \_\_\_\_\_

2. Is the Owner the sole occupant of the Residence?  Yes  No

3. List all related persons occupying the above residence, including children:

	Name	Social Security #	Relationship to Owner	Date of Birth
Relative 1				
Relative 2				
Relative 3				

4. Do the property owners own any other Real Estate?  Yes  No

If so, list address and provide current annual assessment. \_\_\_\_\_

5. Did the owners file a 2008 Federal Income Tax Return?  Yes  No

If yes, you must furnish a copy

6. Is any part of the residence leased or rented to other persons?  Yes  No

7. If a mortgage company collects payment of your Real Estate Taxes, please provide the  
Name \_\_\_\_\_ Address \_\_\_\_\_ Loan # \_\_\_\_\_

### FOR OFFICE USE ONLY

65 or older     Disabled     Relief    Account Number(s) \_\_\_\_\_

## Income Information

Annual gross income of the owner(s) and all relatives living on the property, from all sources, as of 12/31/2008.

**PROOF OF INCOME MUST BE PROVIDED. IF A 2008 FEDERAL INCOME TAX RETURN WAS FILED, YOU MUST PROVIDE A COPY**

Source of Income	Owner/ Applicant	Spouse/ Co-Owner	Relative 1	Relative 2	Relative 3
Social Security					
Retirement/Pension (including Military)					
Rent from Roomers/Tenants					
Interest from Bonds, Bank Accounts					
Dividends & Earnings from Stocks, Investments					
Wages, Salaries, Bonuses, Commissions					
Other Income (specify) _____					
Business Income; Capital Gains					
IRA Distributions					
Veteran and Veteran's Family Benefits					
Workman's Compensation					
Supplemental Health Insurance (deduct amt)					
OFFICE USE ONLY					
Totals					
Grand Total & Exemption Percentage			%		

### TOTAL COMBINED FINANCIAL WORTH OF OWNER(S) AND ALL RELATIVES ON THE PROPERTY

Values	Owner/ Applicant	Spouse/ Co-Owner	Relative 1	Relative 2	Relative 3
Cash on hand; Checking Accounts					
Savings Accounts					
IRAs, 401K, & Retirement Accounts					
Stocks, Bonds, & Trusts					
Certificates of Deposit; Money Market Funds					
Motor Vehicles, Boats, & Trailers					
Other Real Estate					
Totals					
Grand Total					

#### AFFIDAVIT

I, \_\_\_\_\_ of legal age, swear on my oath the foregoing statements are true and accurate to the best of my knowledge and belief. I understand that any factors occurring during the taxable year for which this affidavit is filed, that have the effect of exceeding or violating the limitations and conditions provided by the ordinance, shall nullify any exemption for the current taxable year and the taxable year immediately following. Any person or persons who shall falsely claim an exemption or shall give information on which an exemption is based shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$1,000.00 or confinement in jail not exceeding twelve months, or both such fine and imprisonment.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**If this application is not signed in the presence of a Deputy Commissioner of the Revenue, your signature must be notarized.**

#### NOTARY

**STATE OF VIRGINIA, CITY OF NORFOLK**, to wit: 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 or her own and stated that on information and belief the said statements are true and correct. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Notary Public Printed Name \_\_\_\_\_ Signature of Notary \_\_\_\_\_

My Commission expires \_\_\_\_\_ Notary Registration Number \_\_\_\_\_