

Income Information

Total income (gross) of the owner(s) and all relatives living on the property, from all sources as of 12/31/2007.

EVIDENCE MUST BE PROVIDED AS PROOF OF THE INFORMATION REPORTED.

MONEY FROM	PERSON RECEIVING	ANNUAL INCOME
Social Security Minus Medicare	Property Owner	\$
Social Security Minus Medicare	Spouse/Co-Owner	\$
Retirement Pension	Property Owner	\$
Retirement Pension	Spouse/ Co-Owner	\$
Rent from Roomers/Tenants	Property Owner(s)	\$
Interest from Bank Accounts	Property Owner(s)	\$
Dividends from Stocks & Bonds	Property Owner(s)	\$
Full or Part Time Work	Property Owner(s)	\$
Other Income (specify)	Property Owner	\$
Income of Related Persons	Relatives Living on Property	\$
SUBTOTAL		
Supplemental Health Insurance	Deduct Premium Amount	-
TOTAL INCOME		\$
FOR OFFICE USE ONLY	Disability	-
TOTAL EXEMPTION PERCENTAGE		

Report the combined financial net worth of owner(s) and all relatives on the property as of 12/31/2007.

Checking & Savings Accounts & IRA's	Property Owner(s) + Relatives	\$
Stocks, Bonds, & Trusts	Property Owner(s) + Relatives	\$
Certificates of Deposit & Money Market Funds	Property Owner(s) + Relatives	\$
Motor Vehicles, Boats & Trailers	Property Owner(s) + Relatives	\$
Other Real Estate	Property Owner(s) + Relatives	\$
Total Combined Net Financial Worth		\$

AFFIDAVIT

I, _____ of legal age, swear on my oath the foregoing statements are true and accurate to the best of my knowledge and belief, and 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 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 _____ Preparer's Initials _____

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

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 _____