

## SENIOR AND DISABLED REAL ESTATE TAX RELIEF APPLICATION

Real Estate PIN number as it appears on bill # \_\_\_\_\_

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

Name of Spouse (Last, First, Middle) \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Property Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Number Street Zip Code

Mailing Address \_\_\_\_\_  
Number Street City Zip Code

1. Do you live in the home? ☐ Yes ☐ No If no, list address \_\_\_\_\_
2. Does anyone else live in the home? ☐ Yes ☐ No
3. Have you been determined disabled? ☐ Yes ☐ No If yes, by whom? \_\_\_\_\_
4. List all related person(s) living in the home, including children: (proof of 2025) income must be provided).

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

5. Do the property owners own any other Real Estate? ☐ Yes ☐ No  
If so, list address and provide current annual assessment.

6. Did the owners file a 2025 Federal Income Tax Return? ☐ Yes ☐ No  
If yes, you must furnish a copy.
7. Is any part of the residence leased or rented to other persons? ☐ Yes ☐ No
8. Do you have a reverse mortgage on your property? ☐ Yes ☐ No

### Election of Tax Relief options. Answer both questions.

9. For those who qualify with income less than \$28,611, 100% of the taxes are exempt on the first \$327,900 of the assessed value of your primary residence. If the value of your home is greater than \$327,900, do you elect to defer any remaining taxes?  
☐ Yes, defer remaining taxes. ☐ No, bill the remaining taxes.
10. For those who qualify with income greater than \$28,611, 80% - 20% of the taxes owed are deferred on the first \$327,900 of the assessed value of your primary residence. Taxes are billed on amounts over \$327,900. Do you elect to defer up to the amount allowed?  
☐ Yes, defer the amount of tax allowed. ☐ No, do not defer taxes, bill the entire amount owed.

**Income Information:** List annual gross income from all sources as of 12/31/2025 of the owner(s) and all relatives living on the property. If a 2025 federal income tax return was filed, provide a copy along with the related proof of income. If you did not file, provide other proof of income, i.e., W-2, 1099, K-1, or other verification. Proof of gross income must be provided.

| Section 1<br>Source of Income              | Owner/<br>Applicant | Spouse/<br>Co-owner | Relative 1 | Relative 2 | Relative 3 |
|--|---------------------|---------------------|------------|------------|------------|
| Social Security                            |                     |                     |            |            |            |
| Retirement Pension (includes Military)     |                     |                     |            |            |            |
| Rent from Roomers/Tenants                  |                     |                     |            |            |            |
| Interest from Bank Accounts, Bonds         |                     |                     |            |            |            |
| Dividends & Earnings from Stocks & Bonds   |                     |                     |            |            |            |
| Wages, Salaries, Bonuses, Investments      |                     |                     |            |            |            |
| Other Income (specify) _____               |                     |                     |            |            |            |
| Business Income, Capital Gains             |                     |                     |            |            |            |
| IRA Distribution                           |                     |                     |            |            |            |
| Veterans and Family benefits               |                     |                     |            |            |            |
| Workman's Compensation/Tax Exempt Income   |                     |                     |            |            |            |
| Railroad Retirement Act Benefits           |                     |                     |            |            |            |
| <b>Total &amp; Percentage – Office Use</b> | \$                  | %                   |            |            |            |

  

| Section 2 – Combined Financial Worth  |      | Owner/Applicant |       | Spouse/Co-Owner |
|---------------------------------------|------|-----------------|-------|-----------------|
| Cash on hand, Checking Accounts       |      |                 |       |                 |
| Savings, IRA, Retirement Accounts     |      |                 |       |                 |
| Stocks, Bonds, & Trusts               |      |                 |       |                 |
| Certificates of Deposit, Money Market |      |                 |       |                 |
| Other Real Estate                     |      |                 |       |                 |
| Vehicles, Boat, RV, Trailers.         | Year | Make            | Model | Value           |
| Vehicle 1                             |      |                 |       |                 |
| Vehicle 2                             |      |                 |       |                 |
| Boat/RV                               |      |                 |       |                 |
| Boat/Trailer/Camper                   |      |                 |       |                 |
| <b>Total</b>                          |      |                 |       |                 |

**Note:** An amount of funding is appropriated for tax relief each year. In the event that the total amount of all approved tax relief applications exceeds this amount, each approved application could have a pro rata reduction as may be necessary to balance the total tax relief appropriation. The proration is applied to all deferred amounts.

### AFFIDAVIT

I certify that the 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 in the ordinance shall nullify any relief 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.

I grant permission to request or release information to, or from, the Norfolk Department of Human Services, other government agencies, or their delegated agents for the purpose of determining eligibility.

|   |  |
|---|--|
| <b>Mailing Address</b><br>Department of Human Services<br>741 Monticello Ave<br>Norfolk, VA 23510 | Questions and Inquires<br>(757) 823-1130<br>Fax (757) 664-3275<br>Email: Seniortaxrelief@norfolk.gov |
|---|--|

Signature \_\_\_\_\_ Date \_\_\_\_\_