



Commissioner of the Revenue
605 E. Main Street, Room A130
P.O. Box 2964
Charlottesville, VA 22902-
2964

RETURN THIS FORM BY MARCH 1st

REAL ESTATE TAX RELIEF APPLICATION

Owner Name
Mailing Address 1
Mailing Address 2
City, State Zip

Parcel #
Parcel Address 1
Parcel Address 2
City, State Zip

Name and mailing address as it appears on tax bill

Applicant: _____ **Date Of Birth:** _____ **SSN:** _____

Telephone: _____ **Email:** _____

Spouse/Co-Applicant: _____ **Date Of Birth:** _____ **SSN:** _____

Telephone: _____ **Email:** _____

1. The title of the property for which relief is requested was held, partially held, or life estate was maintained by the person or persons requesting relief on January 1 of the taxable year.
2. The head of the household occupying the dwelling and owning title, or partial title thereto, is sixty-five years or older or permanently and totally disabled on December 31 of the year immediately preceding the taxable year. Such dwelling must be occupied as the sole dwelling of the person requesting relief. If such person is permanently and totally disabled, attach a certification from the Social Security Administration, Veterans Administration, or Railroad Retirement Board. If such person is not eligible for certification by these agencies, a sworn affidavit by two Virginia licensed medical doctors to the effect that such person is permanently and totally disabled may be substituted.
3. If gross combined income of the applicant(s) for the preceding calendar year does not exceed \$50,000, the applicant **may** qualify. Gross combined income shall include income from all sources of the applicant, spouse, and relatives living in the dwelling for which relief is requested. The first \$7,500 of income of a permanently disabled applicant (or the applicant's permanently disabled spouse) is exempt. The first \$8,500 of income of each relative other than the spouse is exempt.
4. The net combined financial worth of the applicant(s) for the preceding calendar year shall not exceed \$125,000. Net financial worth shall exclude the fair market value of the dwelling and the land, not to exceed one acre, upon which the dwelling is situated.
5. Applicants must file annually by March 1, an application for real estate tax relief, with the Commissioner of the Revenue. Applications will be mailed to those who have qualified the previous year, and others may obtain an application from the Commissioner of the Revenue's office or online at www.charlottesville.org/COR.

Note: Any person or persons falsely requesting relief shall be guilty of a Class 1 misdemeanor and upon conviction thereof shall be punished as provided in Section 1-11 of the City Code.

Phone (434) 970-3160 • Fax (434) 970-3663
cor_feedback@charlottesville.org • www.charlottesville.org/COR

1. Is this residence occupied by the applicant? Yes _____ No _____
2. List the name, relation, age and social security number of all relatives who occupy the residence.

Name	Relationship to Applicant	Age	Social Security Number

3. Please complete the gross income statement based on financial information from the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant, spouse and all relatives living in the residence. Provide copies of supporting documents such as W2's, 1099's, last year's Federal income tax return.

GROSS INCOME	Applicant	Spouse	Others relatives in residence
Salary / Wages	\$	\$	\$
Pensions / Retirement Income			
Social Security			
Interest / Dividends			
Rents Received			
Capital Gains / Property in Trust			
Unemployment / Other Sources			
Deduct the first \$8,500 of income of each relative living in residence			(-)
Deduct the first \$7,500 of disabled applicant's (or disabled spouse's) income	(-)	(-)	
Total	\$	\$	\$

4. Please complete the statement of net financial worth as of December 31 of the year immediately preceding this year. Net financial worth shall exclude the fair market value of the dwelling and the land, not to exceed one acre, upon which the dwelling is situated. Provide copies of supporting documents (asset statements, bank statements, etc...).

NET VALUE OF ASSETS	Applicant	Spouse
Real estate (Other than home)		
Personal Property (Auto)		
Money in Certificates, Savings, Stocks & Bonds		
Checking Account(s)		
Other Assets		
Less Liabilities – Attach Statement	(-)	(-)
Total		

5. I hereby certify, under penalties provided by law, that the information presented on this application for Real Estate Tax Relief, including any accompanying schedules or statements, is to the best of my knowledge complete and accurate.

Applicant(s) Signature

Notary Signature

Sworn (or affirmed) to before me this _____ day of _____, 20_____.

My commission expires: _____ Registration #: _____

Office use only:					
Parcel RPC & Title Name				_____ (year) Income	\$
Property Value & Tax _____ (year)	\$		\$	_____ (year) Net Worth	\$
Application date		Audited		%Exemption	%
Posted date		Posted		_____ (year) Exoner. Amount	\$