

# APPLICATION FOR REAL ESTATE EXEMPTION

FOR CERTAIN ELDERLY AND HANDICAPPED PERSONS

2014

NELSON COUNTY

COMMISSIONER OF THE REVENUE

P O BOX 246

LOVINGSTON, VIRGINIA 22949

This application must be filed with the Commissioner of the Revenue between Jan. 3 and Feb. 15, each tax year. The information required on this application must be filled out in its entirety. All information is confidential and not open to public inspection. Assistance in completing this application may be obtained in the Commissioner of the Revenue Office or by calling 434-263-7070.

Phone # \_\_\_\_\_

Owner or owners of property  
as listed on tax bill \_\_\_\_\_

Address of applicant \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Please complete this statement of net financial worth as of Dec. 31, 2013. \*\*\*Exclude dwelling & house acre

NET VALUE OF ASSETS	APPLICANT	SPOUSE
Real Estate	\$	\$
Personal Property (cars & trucks)		
Savings Accounts, IRA's or CD's		
Checking Accounts		
Stocks & or Mutual Funds		
Bonds		
Life Insurance – cash value		
TOTAL		

Total Combined Net Financial Worth of the Applicant and Spouse \$ \_\_\_\_\_

List name, relationship, ages and social security #'s of all persons who occupy the residence, other than applicant

Name	Relationship	Age	Social Security #

Please complete this gross income statement for the preceding fiscal year. Included in this statement should be the total gross income from all sources of the applicant and all persons related to the applicant living in the above residence.

GROSS INCOME	APPLICANT	SPOUSE	RELATIVES LIVING IN HOUSE
Pensions	\$	\$	\$
Social Security			
Interest			
Dividends			
Rents			
Public assistance (food stamps etc.)			
Capital Gains			
Other			
TOTAL			

Total Combined Gross Income of Applicant , Spouse, and Relatives \$ \_\_\_\_\_

**OATH:** I the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief. By signing this application I understand that the Commissioner of the Revenue may check any state, local agencies and financial institutions for correctness. Lying under oath could result in criminal charges.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Applicant

\_\_\_\_\_ Witness

LIABILITIES

List Total Outstanding Debt

(This is the total amount due on each item)

Automobile \_\_\_\_\_

Credit Cards \_\_\_\_\_

Mortgage \_\_\_\_\_

Equity Loan or Line of Credit \_\_\_\_\_

Nursing Home \_\_\_\_\_

Hospital \_\_\_\_\_

Doctor \_\_\_\_\_

Medicine \_\_\_\_\_

Other \_\_\_\_\_