

**COMMISSIONER OF THE REVENUE
WESTMORELAND COUNTY
P. O. Box 68
Montross, VA 22520**

Westmoreland County offers tax relief for the Elderly and/or Disabled. To qualify for relief you will have to be age 65 as of January 1st, 2010 or permanently disabled. If permanently disabled, we must have documentation from your physician.

Your income can not exceed \$20,000 and your assets excluding your home and one acre can not be worth more than \$60,000.00. There is a sliding scale based on your income as to the percentage of relief. The tax relief amount does not exceed \$300.00.

We will need the following information:

1. A combined income statement reporting all wages, Social Security benefits (SSA-1099 Form), life insurance proceeds (cash value) checking and savings account statements, retirement system benefits, welfare benefits such as food stamps, fuel assistance and etc., IRA's, CD's, and any other income during the past year.
2. Income from other relatives living in the household.
3. If you sold, transferred or purchased any real estate during the preceding year, please indicate when or to whom the new owner(s) will be on a separate sheet.

The application and all supporting documents are due May 1st, any applications received after the due date will not be considered for relief.

An appointment may be needed if all necessary information is not provided. We will schedule appointments after May 1st, 2010 once we have had time to review the application. Please feel free to contact this office for additional information or if you have any questions.

WESTMORELAND COUNTY
COMMISSIONER OF THE REVENUE

P.O. BOX 68 MONTROSS, VIRGINIA 22520 PHONE: 804-493-9052

Application for Real Estate Tax Exemption
For Elderly and/or Disabled Homeowners

The information required on this application must be filled out entirely and returned to the Commissioner of Revenue. Applications must be filed by May 1st of the taxable year for which the exemption is applied. Complete all spaces on the application that are applicable. Questions that cannot be answered within the spaces may be answered by attaching additional sheets to this application. This exemption is granted on an annual basis and a new application must be filed each year. All information on the application is confidential and not open to public inspection.

APPLICANT: _____
Last Name First Middle

BIRTHDATE: _____ SOCIAL SECURITY NO. _____
Mo. Day Year Age

SPOUSE: _____
Last Name First Middle

BIRTHDATE: _____ SOCIAL SECURITY NO. _____

ADDRESS : _____ PHONE NO. _____

Name under which property is listed and appears on the tax bill, if different from the applicant or spouse's name:

For Office Use Only
Income

TAXABLE YEAR _____ Percentage of Relief Granted _____ %

PARCEL NUMBER _____ Current Value \$ _____

DATE RECEIVED _____ Amount of Relief Granted \$ _____

Taxable Value \$ _____

1. Is this dwelling occupied by the applicant as the sole dwelling? Yes ___ No ___
2. Is the applicant? Elderly _____ Disabled _____
3. Is the applicant? Sole owner _____ Partial Owner _____

If partial ownership, explain how the ownership is legally held and the proportion owned by applicant.

4. List the names, relation, ages and social security numbers of all persons who occupy the dwelling other than the owners. Do not list occupants with no income.

	NAME	RELATION	AGE	SOCIAL SECURITY NO.
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

GROSS INCOME SCHEDULE

Please complete the Gross Income schedule for the prior calendar year. Included in this statement should be the total gross income from all sources of the applicant and spouse. Also income of each person living in the dwelling.

GROSS INCOME	APPLICANT	SPOUSE	OCCUPANT-1	OCCUPANT-2	OCCUPANT3
Salaries, Wages, Etc					
Pensions/Retirement					
Social Security					
Interest					
Dividends					
Rent(s)					
Public Assistance					
Capital Gains					
Trust Fund Income					
All Other Sources					
Less Occupants Income			(\$3,000.00)	(\$3,000.00)	(3,000.00)
Total For Each Column					
Total Gross Income of Applicant, Spouse and Occupants \$ _____					

If gross combined income is over \$20,000.00, no exemption is allowed.

NET WORTH SCHEDULE

Please complete this schedule of net financial worth as of prior year December 31st. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, including equitable interest, of the owner of the dwelling and the spouse, for which exemption is claimed, and shall exclude the fair market value of the dwelling and the land, not exceeding one acre upon which the dwelling is situated.

NET VALUE OF ASSETS	APPLICANT	SPOUSE
Real Estate (other than residence)		
Automobile(s)(Fair Market Value)		
Savings Account(s)		
Checking Account(s)		
Cash on Hand		
Stocks & Bonds		
Life Insurance and Annuity(Cash Value)		
Property In Trust		
Other Assets		
TOTAL -ASSETS (LINE A)		
Less-LIABILITIES		
Notes Payable		
Accounts Payable		
Mortgages Payable(Other than Residence)		
Taxes Due-Federal, Local & State		
All Other Debts		
TOTAL LIABILITIES (LINE B)		
NET WORTH (SUBTRACT LINE B FROM LINE A)		

If combined net worth is over \$60,000.00, no exemption is allowed

COMBINED NET WORTH (APPLICANT & SPOUSE -LINE C) \$ _____
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EXEMPTION PERCENTAGE SCHEDULE	
Total Combined Income	Percentage Exemption of Tax
\$0-\$14,000	100%
\$14,001-\$16,000	80%
\$16,001-\$18,000	60%
\$18,001-\$20,000	40%

COUNTY OF WESTMORELAND
STATE OF VIRGINIA

THIS IS TO CERTIFY that I understand that I must file annually, list the names of all relatives occupying my sole domicile: that the total combined net worth and the total combined income from all sources does not exceed the limits listed in Westmoreland County Ordinance and that changes in respect to income, financial worth, ownership of property or other factors occurring the taxable year for which this affidavit is being filed shall nullify any exemption for the current year and the taxable year immediately following and that a material misstatement to obtain tax relief shall be punished as a misdemeanor.

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.

Signature of Applicant

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

Signature of a notary public or
other officer administering oath.

My commission expires _____.

AUTHORIZATION FOR INVESTIGATION

I, hereby give my consent and permission to any governmental agency, any corporation, financial institution, retirement system or other source of income to me, to release to the Commissioner of the Revenue of Westmoreland County, Virginia any information he/she may request for the purpose of ascertaining my eligibility for relief under the "Real Estate Tax Exemption Ordinance" of Westmoreland County, Virginia.

Signed: _____

Name

Address

Witness (if signed by mark) _____

Date: _____

Name, relationship, address if person/persons giving information other than land owner.

Name(s) _____

Relation _____

Address _____

Telephone Number _____