



WARREN COUNTY, VIRGINIA
Sherry T. Sours, Commissioner of the Revenue

PO Box 1775
 Front Royal, VA 22630-0038
 Phone: (540) 635-2651

FILING DEADLINE: JANUARY - APRIL 1st, 2014

APPLICATION FOR REAL ESTATE TAX EXEMPTION FOR ELDERLY AND DISABLED HOMEOWNERS

Please Print

APPLICANTS FULL NAME: *(Property Owner)* _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ Age as of December 31, 2013: _____

SPOUSE'S FULL NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ TELEPHONE NUMBER: _____

DATE OF BIRTH: _____ Age as of December 31, 2013: _____

1. Please complete this gross income statement for the calendar year 2013. Included in the statement should be the total gross income from all sources of all residents living in the dwelling. *Documentation required is listed for verification.*

| GROSS INCOME | Documentation Required | Applicant | Spouse | Relatives/Others living in dwelling |
|--------------------------------|------------------------|-----------|--------|-------------------------------------|
| Salaries, Wages, Etc. | W-2, 1099 | | | |
| Pensions | 1099 R | | | |
| Social Security (Check Amount) | 1099 SSA | | | |
| Interest/Dividends | 1099 INT/OID 1099DIV | | | |
| Rent(s) | Schedule E | | | |
| Welfare | Cola Notice | | | |
| Gifts | Specify | | | |
| Capital Gains | Schedule D | | | |
| Trust Fund Income | Schedule E | | | |
| Other Sources | Specify | | | |
| Total | | | | |

Total Gross Combined Income of all Residents.....\$ _____

Note: If you filed a Federal Income Tax Return for 2013 attach a copy.

2. List the names, relationship, ages and social security numbers of all persons residing with the applicant, except for the spouse. Please indicate their annual income. {Please include copies of tax returns for all individuals listed below.}

| Name | Income Y/N | Relationship | Age | Social Security No. |
|------|------------|--------------|-----|---------------------|
| | | | | |
| | | | | |
| | | | | |

3. Please complete this statement of net financial worth as of December 31, 2013. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, including equitable interest, of the owner of the dwelling for which exemption is claimed, and shall exclude the fair market value of the dwelling and the land, not exceeding five acres, upon which the dwelling is situated. Documentation required for verification.

ASSETS

| NET VALUE OF ASSETS (Use Actual Amounts as of 12/31/2013) | Documentation Required | APPLICANT | SPOUSE | Relatives/Others living in dwelling |
|--|----------------------------|-----------|--------|-------------------------------------|
| REAL ESTATE/Exclude value of applicants residence and lot, not to exceed (5) acres. <i>(Copies of assessed values if property not in Warren County, VA)</i> | <i>1/1/2013 Assessment</i> | | | |
| Automobiles: YR. ____ Make _____ Model _____ YR. ____ Make _____ Model _____ YR. ____ Make _____ Model _____ | | | | |
| Mobile Homes: Yr. ____ Make _____ Model _____ | | | | |
| Cash on Hand | | | | |
| Checking Account(s) | <i>Bank Statement</i> | | | |
| Savings Accounts(s) | <i>Bank Statement</i> | | | |
| Stocks/Bonds/CD's | <i>Statement</i> | | | |
| IRA(s) | <i>Account Statement</i> | | | |
| Life Insurance Policy - Cash Value | <i>Account Statement</i> | | | |
| Other assets | | | | |
| Household & personal assets | | | | |
| Total - Assets | <i>As of 12/31/2013</i> | \$ | \$ | \$ |
| LIABILITIES | | APPLICANT | SPOUSE | Relatives/Others living in dwelling |
| Mortgages Payable | | | | |
| Notes Payable | | | | |
| Other Accounts Payable | | | | |
| Taxes Payable: Federal | | | | |
| State | | | | |
| Local taxes | | | | |
| Other liabilities | | | | |
| LESS TOTAL LIABILITIES | | | | |
| Total Combined Net Financial | | | | |
| Worth of all Residents | \$ | | | |

I certify, under the penalties provided by law, that this application for Real Estate Tax Relief for the Elderly and/or disabled, including any accompanying schedules or statements, to the best of my knowledge is true, correct and complete.

Date _____

Signature of Applicant _____

Signature of Spouse _____

OFFICE USE ONLY

Map Number _____ Record Number _____

Value of Building _____ Value of Land _____ Total _____

RE Tax \$ _____

Mobile Home _____ Value _____

MH Tax \$ _____

Verified Income _____

Assets _____

Total Income _____

Tax Return Filed _____

Initials _____

Net Worth _____

Date _____

Amount of Exemption _____

Tax Relief Code /Veteran Code _____

Codes

1 Town- Tax Relief

2 Town over 5 AC- Tax Relief

3 County- Tax Relief

4 County- over 5 AC- Tax Relief

5 Town -Veteran

6 Town- over 5 AC -Veteran

7 County

8 County- over 5 AC -Veteran