

**APPLICATION FOR TAX RELIEF  
COUNTY OF ACCOMACK  
COMMISSIONER OF THE REVENUE  
PO BOX 186  
ACCOMACK, VIRGINIA 23301  
757-787-5747  
Fax: 757-789-3674**

Dear Accomack County Resident:

Please review all requested information carefully before you complete this application. Except as noted on the form, all information must be provided along with documentation to support each entry. If you file Federal and State Income Taxes, please include a complete signed copy of the 2011 return with your application. Failure to submit all documentation or to complete this application in its entirety will disqualify you from tax relief for 2012.

If you or your spouse are applying for tax relief as permanently and totally disabled, certification and date disability began must be provided by at least one of the following:

- 1) Veterans Administration or Railroad Retirement Board.
- 2) Affidavit signed by two doctors who are either licensed to practice medicine in Virginia, or are military officers on active duty who practice medicine with the United States Armed Forces.
- 3) Certification by the Social Security Administration. **PLEASE NOTE:** Certification by the Social Security Administration will only be valid for the period the person certified remains eligible for such social security benefits.

**FILE THIS APPLICATION NO LATER THAN MARCH 1, 2012.**

- \*Applicants must be County residents.
- \***All occupants'** income must be reported.
- \*All applications must be signed and witnessed. Failure to do so may delay or void tax relief.
- \*Proof of income and assets must be furnished with application.

**2012 GENERAL INFORMATION**

- \* The applicant must be at least 65 years of age, or permanently and totally disabled, on or before December 31 of the year proceeding the taxable year.
- \* The dwelling on the property for which relief is claimed must be occupied as the permanent residence and sole dwelling of the applicant.
- \* The gross income from all sources of the owner(s) of the dwelling and any occupant of the owner(s) who reside in the dwelling may not exceed \$28,000.

**Gross income limitations and percentage of relief**

<b>\$15,001 - 28,000</b>	<b>50%</b>
<b>\$ 0 - 15,000</b>	<b>100%</b>

**MAXIMUM TAX RELIEF - \$500**

- \* Up to **\$6,500** of an occupant's income may be excluded if the occupant (other than the spouse) resides in the applicant's dwelling.
- \* The total net assets of the applicant and of his/her spouse who reside in the applicant's dwelling may not exceed \$80,000. (The value of the dwelling and up to one acre of land where it is situated is excluded.)

# 2012 Real Estate Tax Relief

COUNTY OF ACCOMACK  
COMMISSIONER OF THE REVENUE

DEADLINE MARCH 1, 2012

DATE RECEIVED: \_\_\_\_\_

SECTION I (TWO PARTS). BE SURE TO COMPLETE EACH PART BELOW

PART 1 Applicant(s) Information			
1	NAME: LAST	FIRST	MIDDLE
2	ADDRESS:		
3	BIRTHDATE	SOCIAL SECURITY NUMBER	PHONE NUMBER
4	SPOUSE: LAST	FIRST	MIDDLE
5	BIRTHDATE	SOCIAL SECURITY NUMBER	PHONE NUMBER
6	NAME (as it appears on tax bill):		
7	PHYSICAL ADDRESS OF PROPERTY:		
8	PARCEL NUMBER:	DISTRICT:	
9	RESIDENCE OCCUPIED BY APPLICANT AS A SOLE DWELLING? YES ____ NO ____ DO YOU LIVE IN A MOBILE HOME? YES ____ NO ____ IS APPLICANT AGE 65 OR OVER? ____ OR TOTALLY DISABLED? ____  <b>NOTE:</b> IF THE RESIDENCE IS OWNED WITH PERSONS OTHER THAN THE APPLICANT OR SPOUSE, ENTER THE APPLICANT'S PERCENTAGE OF OWNERSHIP: _____%		

PART 2 COMPLETE FOR ALL PERSONS RESIDING IN THE DWELLING			
	NAME	BIRTHDATE	SOCIAL SECURITY NUMBER
1			
2			
3			
4			
5			

**SECTION II (TWO PARTS). BE SURE TO COMPLETE ALL PARTS THAT APPLY.  
GROSS INCOME FROM JANUARY 1, 2011 - DECEMBER 31, 2011  
PROOF OF HOUSEHOLD INCOME MUST BE FURNISHED**

<b>PART 1 COMPLETE FOR APPLICANT AND SPOUSE ONLY</b>			
		<b>APPLICANT</b>	<b>SPOUSE</b>
1	WAGES, TIPS, SALARY		
2	SOCIAL SECURITY INCOME		
3	INTEREST INCOME		
4	DIVIDEND INCOME		
5	PENSION / ANNUITY / IRA / 401-K		
6	RENTS RECEIVED		
7	ALIMONY		
8	OTHER INCOME – SPECIFY		
9	TOTAL INCOME (LINES 1 THRU 9)		
<b>PART 2 COMPLETE FOR ALL OCCUPANTS RESIDING IN THE HOME</b>			
10	WAGES, TIPS, SALARY		
11	SOCIAL SECURITY INCOME		
12	INTEREST INCOME		
13	DIVIDEND INCOME		
14	PENSION / ANNUITY / IRA / 401-K		
15	ALIMONY		
16	OTHER INCOME – SPECIFY		
17	LESS INCOME EXCLUSION	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
18	TOTAL INCOME FOR OCCUPANTS	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
19	TOTAL INCOME (ADD LINES 9 + 18)	FOR OFFICE USE ONLY	FOR OFFICE USE ONLY
20	TOTAL COMBINED INCOME (ADD BOTH COLUMNS OF LINE 19)		FOR OFFICE USE ONLY
			\$ _____

**SECTION III (FOUR PARTS). BE SURE TO COMPLETE ALL PARTS THAT APPLY.  
ASSET INFORMATION AS OF DECEMBER 31, 2011 - PROOF OF ASSETS MUST BE FURNISHED**

<b>PART 1 LIST ALL REAL ESTATE OTHER THAN RESIDENCE (LOCATED ANYWHERE WITHIN OR OUTSIDE THE UNITED STATES)</b>			
1	ADDRESS		MARKET VALUE
2	ADDRESS		MARKET VALUE
<b>PART 2 LIST PERSONAL PROPERTY ONLY INCLUDE MOTOR VEHICLES, BOATS, and TRAILERS. DO NOT LIST HOUSEHOLD FURNISHINGS</b>			
3	YEAR	MAKE	MODEL
4	YEAR	MAKE	MODEL
			FOR OFFICE USE ONLY

