

My commission expires _____

Portsmouth Department
Of Social Services
1701 High Street
Portsmouth, VA 23704-3103

Case Number _____
Date Received _____
Interviewed by _____
Tracked _____ yes _____ no _____



**APPLICATION FOR REAL ESTATE TAX RELIEF FOR
PERSONS AGE SIXTY-FIVE OR OLDER
OR PERMANENTLY AND TOTALLY DISABLED
2018/2019**

INSTRUCTIONS TO APPLICANT

The information required on this application must be filled out in its entirety and returned to the Department of Social Services, 1701 High Street, Portsmouth, Virginia 23704-3100. Spaces on the application that are not applicable to the taxpayer should be completed as "Not Applicable" or "\$0.00" as indicated by the question. Questions that cannot be answered within the spaces provided can be answered by attaching additional sheets to this application. **THIS TAX RELIEF IS GRANTED ON AN ANNUAL BASIS AND A NEW APPLICATION MUST BE COMPLETED EACH YEAR.** All information on the application is confidential and not open to public inspection. For additional information, please phone 405-1800. If possible, please attach a copy of your most recent federal income tax return to the affidavit. **THIS APPLICATION MUST BE NOTORIZED.** A Notary Public is available during office hours at the Department of Social Services, 1701 High Street, Suite 101.

To be completed by the Tax-Payer as shown on the tax bill

Description of Property	
Map: _____	Parcel: _____

A. IDENTIFYING INFORMATION

- Applicant: _____
(Property Owner) Last Name First Middle
- Birth Date: _____ / _____ / _____ Social Security No. _____ Phone _____
Month/Day/Year
- Spouse: _____
Last Name First Middle
- Birth Date: _____ / _____ / _____ Social Security No. _____ Phone _____
Month/Day/Year
- Residence Address: _____
Street No. Street

City, Town, or Post Office State Zip Code
- Mailing address if it is different from the residence address

Street No. Street

City, Town, or Post Office State Zip Code
- Name under which property is listed and appears on the tax bill, if different from the applicant or spouse's name:
Name: _____
- Co-Owner: _____
Last Name First Middle

B. List the yearly income of all household members in the appropriate column before insurance costs, taxes, and other deductions are taken out. Include the names and income of anyone who has been included as a member of your household for the majority of the previous year. (Attach additional sheet if necessary).

GROSS ANNUAL INCOME FOR 2017

Income from:	Applicant	Spouse	Names and income of all other household members		
			1.	2.	3.
Capital Gains					
Civil Service Pension					
Dividends					
Gifts					
Gross earnings (wages)					
Interest					
IRA Withdrawals					
Other Pensions					
Railroad Retirement					
Rent					
Service Allotments					
Social Security					
SSI					
TANF/GR					
Unemployment Compensation					
Veteran's Benefit's					
Workmen's Compensation					
Other Sources *					
TOTAL					

Total combined Gross Income of the Applicant and Spouse \$ _____

Total combined Gross Income of other household members \$ _____

* Cashed Certificates, Stocks sold, etc. are counted as income for the year.

C. Qualifications

1. Does the applicant own or partially own title to this residence?

() Yes () No

If partially owned, explain how the ownership is legally held, and the applicant's interest, and percentage.

Percentage Of Ownership _____ %

2. Are you currently living in this residence? () Yes () No

If not, please enter your current address and phone number and the reason you are not living in your home.

3. Has the applicant disposed of or transferred any assets or property to heirs within the last five years?

() Yes () No

If so, please list to who, the dates, describe the transactions, and list value of properties, and/or assets below.

4. Has the applicant or co-owner been certified as disabled by the Social Security Administration, Railroad, or Veteran's Administration or if such person is not eligible for the aforementioned, does applicant have a sworn affidavit by two medical doctors stating that applicant or co-owner is permanently and totally disabled?

() Yes () No

D. NET FINANCIAL WORTH

1. Does the land on which the residence is located exceed one acre? () Yes () No

If yes, give: Square feet in excess of one (1) acre _____

1. Please complete this statement of financial worth as of December 31. Net financial worth is computed by subtracting liabilities from assets. Included in this statement must be the net financial worth, including equitable interests, of the owner (applicant) and his spouse, and of any co-owner and his spouse. Exclude the value of the applicant's residence and up to one (1) acre of land upon which the residence is situated. (Attach additional sheet if necessary).

NET VALUE OF ASSETS AS OF DECEMBER 31, 2017

	OWNER	SPOUSE	CO-OWNER	SPOUSE
Automobile: Make/Model/Year				
Automobile: Make/Model/Year				
Bonds				
CAP Account				
Certificate of Deposit (CD)				
Checking Account				
Insurance (Cash Value)				
Interest				
IRA				
Mutual Funds				
Real Estate (Other than residence)				
Savings Account				
Stocks				
Other Assets				
TOTALS				

Total Combined Net Financial Worth of Owner and Spouse and any Co-owner and Spouse \$ _____

AFFIDAVIT

COMES NOW _____ of legal age, having first sworn and on-oath state the foregoing statements are true and accurate to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violating the limitations and conditions provided by the ordinance shall nullify any exemption for the current taxable year and the taxable year immediately following. Any person or persons falsely claiming an exemption shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$1,000.00, or confinement in jail not exceeding twelve months, or both.

I have read the foregoing affidavit and swear that its contents are true to the best of my knowledge and belief.

Signature _____

STATE OF VIRGINIA
CITY OF PORTSMOUTH, to wit:

Personally appeared before me in my county and state aforesaid _____ who being first duly sworn by me acknowledged the signature to the foregoing affidavit to be his/her own and state on information and belief that the said statements are true and correct.

Subscribed and sworn to before me the undersigned Notary Public in my city and state aforesaid the _____ day of _____, 2018.

Notary Public