



**MONTGOMERY COUNTY**  
**HELEN P. ROYAL, MASTER COMMISSIONER OF THE REVENUE**  
**755 ROANOKE ST SUITE 1A CHRISTIANBURG, VA 24073**

**APPLICATION FOR TAX RELIEF FOR THE ELDERLY AND DISABLED**

Parcel ID:	
PPID:	
M0#:	
Senior	
Disabled	
Tax District	

1. APPLICANT INFORMATION (Please Print Clearly)				
Name of Applicant	Last, First, Middle	Social Security Number	Date of Birth	
Name of Spouse	Last, First, Middle	Social Security Number	Date of Birth	
Property Address	Street, City, Zip code		Phone Number	
If you are retired, Where are you retired from?				
A.	Do you own and live at the above address?	Yes	<input type="text"/>	No <input type="text"/>
B.	Does anyone live in the house other than the spouse?	Yes	<input type="text"/>	No <input type="text"/>
C.	Is any portion of the house rented to another person?	Yes	<input type="text"/>	No <input type="text"/>
D.	Do you have a live in caregiver?	Yes	<input type="text"/>	No <input type="text"/>
E.	Do you own any real estate other than this house?	Yes	<input type="text"/>	No <input type="text"/>
F.	Have you sold or transferred any real estate, stocks, bonds, bank account or personal property the previous year?	Yes	<input type="text"/>	No <input type="text"/>

2. OTHER PERSONS LIVING AT THE ABOVE ADDRESS (If no other persons live with you, write "NONE")				
	Name	Social Security	Relationship to owner	Date of Birth
PERSON 1				
PERSON 2				

3. TOTAL ANNUAL COMBINED GROSS HOUSEHOLD INCOME - JANUARY 1, 2020 TO DECEMBER 31, 2020				
Income From:	Applicant	Spouse	Person 1	Person 2
Wages / Unemployment	\$	\$	\$	\$
Social Security	\$	\$	\$	\$
Railroad Retirement	\$	\$	\$	\$
Veteran's Benefits	\$	\$	\$	\$
Pensions	\$	\$	\$	\$
Interest	\$	\$	\$	\$
Dividends	\$	\$	\$	\$
Rental Income	\$	\$	\$	\$
Fuel Assistance	\$	\$	\$	\$
Food Stamps	\$	\$	\$	\$
Other: _____	\$	\$	\$	\$
Total Income:	\$	\$	\$	\$
<b>GRAND TOTAL:</b>				\$
<b>Office Use – Income</b>	<b>Office Use – Net Worth</b>	<b>Office Use – Levy</b>	<b>Office Use – Abatement</b>	<b>Office Use – MH</b>

**4. ASSETS - BALANCES OF ACCOUNTS OR VALUES OF ASSETS ON DECEMBER 31, 2020**

	Applicant	Spouse	Please Attach Copies of Proof of Income and Proof of Bank Accounts.
Real Estate	\$	\$	
Checking Accounts	\$	\$	
Savings Accounts	\$	\$	
CD's	\$	\$	
Cash Value of Life Insurance	\$	\$	
Stocks	\$	\$	
Bonds	\$	\$	
IRA's/401k's/Annuities	\$	\$	
Other Real Estate	\$	\$	
Other: _____	\$	\$	
			Address of other Real Estate:
			Office Use Total Assets – Abatement = Net Worth

**OTHER ASSETS: Auto, Boat, Camper and similar**

Type	Year	Make	Model	Value
Vehicle 1				
Vehicle 2				
Vehicle 3				
Vehicle 4				
Boat/RV				
Boat/RV				
Trailer				
Trailer				
Camper				
Camper				

**5. AFFIDAVIT**

In order for your application to be processed, you must complete all sections of this application and sign on the applicant signature line. The Exemption is granted on an annual basis and a new application must be filed each year. Please be advised that submission of an incomplete application may result in your application being denied. The information you provide is confidential and not open for public inspection. Applications are subject to audit for up to three years.

I hereby request real estate tax relief and certify that the foregoing statements are true and correct to the best of my knowledge and belief. I understand that any person falsely requesting tax relief shall be guilty of a Class 3 misdemeanor (NN § 40-54). I agree to notify the Office of the Commissioner of the Revenue immediately if any changes occur in respect to my income, financial worth, or ownership of the property.

I authorize the Commissioner of the Revenue to obtain any verification necessary to both determine and review financial assistance eligibility. This authorizes release of information to the Commissioner of the Revenue's Office.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**YOU MUST PROVIDE PROOF OF INCOME**