THE CITY OF LYNCHBURG, VIRGINIA
Commissioner of the Revenue
PO Box 858
Lynchburg, Virginia 24505-0858

Return Service Requested

RETURN THIS FORM BY 8/01/2016

Fiscal Year: 07/2016 - 06/2017

2016 REAL ESTATE TAX RELIEF APPLICATION

Ensure address shows through window

COMMISSIONER OF THE REVENUE
PO BOX 858
LYNCHBURG, VA 24505-0858

Name and mailing address as it appears on tax bill

Applicant: _____ **Date Of Birth:** _____ **SSN:** _____

Telephone: _____ **Email:** _____

Spouse/Co-Applicant: _____ **Date Of Birth:** _____ **SSN:** _____

Telephone: _____ **Email:** _____

1. The title of the property for which relief is requested is held, partially held, or maintains life estate to the property on July 1 of the taxable year, by the person or persons requesting relief.
2. The head of the household occupying the dwelling and owning title, or partial title thereto, is sixty-five years or older or permanently and totally disabled on July 1 of the taxable year. Such dwelling must be occupied as the sole dwelling of the person requesting relief. If such person is permanently and totally disabled, attach a certification from the Social Security Administration. If such person is not eligible for Social Security, a sworn affidavit by two Virginia licensed medical doctors to the effect that such person is permanently and totally disabled.
3. If gross combined income of the applicant(s) for the preceding calendar year does not exceed $32,500, the applicant **may** qualify. Gross combined income shall include income from all sources of the applicant, spouse, and relatives living in the dwelling for which relief is requested. The first $4,000 of income of each relative other than the spouse is exempt.
4. The net combined financial worth of the applicant(s) for the preceding calendar year shall not exceed $60,000. Net financial worth shall exclude the fair market value of the dwelling and the land, not to exceed one acre, upon which the dwelling is situated.
5. The person or persons to whom relief has been granted shall, on or before November 15, January 15, March 15, and May 15 of the tax year for which such relief was granted, present that portion of the tax which is due to the City Collector on or before the date prescribed for such tax payment. Payments not paid by such prescribed dates shall make the relief null and void.
6. Applicants must file annually by August 1, an application for real estate tax relief, with the Commissioner of the Revenue. Applicants will be mailed to those who have qualified the previous year, and others may obtain an application from the Commissioner of the Revenue office or online at www.lynchburgva.gov/real-estate-tax-relief

Note: Any person or persons falsely requesting relief shall be guilty of a misdemeanor and upon conviction thereof shall be punished as provided in Section 36-175 of the City Tax Code.

Phone (434) 455-4283 • Fax (434) 847-1842
CORTR@lynchburgva.gov • www.lynchburgva.gov/commissioner-revenue

1. Is this residence occupied by the applicant? Yes ____ No ____

2. List the name, relation, age and social security number of all persons who occupy the residence.

Name	Relation	Age	Social Security Number

3. Please complete the gross income statement based on financial information from the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant, spouse and all persons living in the residence.

Gross Income	Applicant	Spouse	Others living in residence
Gross Earnings	$	$	$
Pensions			
Social Security			
Interest			
Rent			
Welfare/ Food Stamps			
Capital Gains/ Dividends			
Other Sources			
Deduct, the first $4,000 of income of each Relative living in residence			(-)
Total	$	$	$

4. Please complete the statement of net financial worth based on financial information from the preceding calendar year. Net financial worth shall exclude the fair market value of the dwelling and the land, not to exceed one acre, upon which the dwelling is situated.

NET VALUE OF ASSETS	Applicant	Spouse
Real Estate (Other than home)		
Money in Certificates, Savings, Stocks and Bonds		
Checking Account(s)		
Insurance (Cash Value)		
Other Assets		
Total		

5. I hereby certify that the information presented on this application is complete and accurate.

_____ _____

Date **Applicant(s) Signature**

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