



CITY OF HOPEWELL, VIRGINIA

P.O. Box 1604 Hopewell, Virginia 23860

Phone: (804) 541-2237 Fax: (804) 541-2207

Debra Kloske Reason, Master Commissioner of the Revenue

APPLICATION FOR REAL ESTATE TAX RELIEF FOR THE ELDERLY AND DISABLED

2023

****IMPORTANT****

File on or before
April 1, 2023

Name(s) appearing on the tax bill: _____

Address of property located in Hopewell: _____

IMPORTANT: Exemption shall be granted from local real estate taxation or a portion thereof owned and occupied as the sole dwelling of a person who is determined to be permanently and totally disabled or 65 or over. Jointly held property by husband and wife may qualify if either spouse is totally and permanently disabled or 65 or over.

Any persons claiming such exemption shall file annually with the Commissioner of the Revenue. Such affidavit shall be filed no later than the 1st day of April each year.

QUALIFICATIONS:

- The net combined financial worth cannot exceed \$100,000, including equitable interests as of the 31st day of December of the immediately preceding calendar year of the owners and of the spouse of any owner, excluding the value of the dwelling and land, not to exceed one acre.
- The TOTAL combined income during the immediately preceding calendar year from ALL sources of the owners of the dwelling living therein and of the owner's relatives living in the dwelling, and nonrelatives of the owner who lives in the dwelling except for bona fide tenants or bona fide paid caregivers of the owner, shall not exceed \$32,500.
 - The first \$4,000 of income of each relative, who is not the spouse, of an owner living in the dwelling shall not be included in such total.
 - Up to \$10,000 of said income of an owner who is permanently disabled shall be excluded from the \$32,500 amount.
- A prorated exemption shall be provided for the portion of the taxable year during which the taxpayer qualified for such exemption.

*****ALL QUESTIONS MUST BE ANSWERED.** All information on this application is confidential and not open to public inspection.***

SECTION 1: APPLICANT INFORMATION

If owner or co-owner is deceased, please enter date of death.

| | | | | | |
|------------------------|-------|---------------|-------|-------|-------|
| Applicant Information: | _____ | _____ | _____ | _____ | _____ |
| | Name | Date of Birth | SSN | Phone | |

| | | | | | |
|------------------------------------|-------|---------------|-------|-------|-------|
| Spouse / Co-Applicant Information: | _____ | _____ | _____ | _____ | _____ |
| | Name | Date of Birth | SSN | Phone | |

Do you own any other real-estate including any additional lot(s)? YES NO

If YES, please indicate location(s). _____

Does anyone reside in the home other than owners? YES NO

If YES, please indicate:

| | | | |
|-------|--------------|-------|-------|
| _____ | _____ | _____ | _____ |
| Name | Relationship | SSN | Age |

Please indicate the name and phone number of your nearest relative NOT living in your home.

| | |
|-------|-------|
| _____ | _____ |
| Name | Phone |

Are you disabled? YES NO If YES, please indicate the date you were granted disability and provide supporting documentation.

Section 2: NET WORTH

Please complete the following statement of financial worth as of December 31, 2022 for the owner and owner's spouse. EXCLUDE the value of the dwelling and the land, not exceeding one acre, upon which it is situated. Include any additional subdivided lots as assets.

****Please provide supporting documents for all choices pertaining to you.****

| VALUE OF ASSETS AS OF 12/31/2022 | APPLICANT | SPOUSE/CO-APPLICANT |
|---|-----------|---------------------|
| A. Value of all real estate (Do not include personal residence) | | |
| B. Checking Accounts (Balance as of 12/31/2022) | | |
| C. Savings Accounts/Certificates (Balance as of 12/31/2022) | | |
| D. Stocks/Bonds (Value as of 12/31/2022) | | |
| E. Other | | |
| TOTAL ASSETS (Add lines A thru E) | | |

Section 3: GROSS ANNUAL INCOME (DO NOT use monthly figures)

Enter the gross annual income before deductions from all sources for the past calendar year of the applicant and his or her spouse and all relatives, nonrelatives or any owner living in the dwelling. Use additional sheets if necessary.

****Please provide supporting documents for all choices pertaining to you.****

| TOTAL GROSS INCOME | APPLICANT | SPOUSE / CO-APPLICANT | OTHER PERSONS LIVING IN DWELLING |
|--|-----------|-----------------------|----------------------------------|
| A. Salaries, Commissions, Etc. | | | |
| B. Pensions | | | |
| C. Social Security | | | |
| D. Interest/Dividends | | | |
| E. Rent/Capital Gains/Other Income | | | |
| TOTAL GROSS INCOME (Add lines A thru E) | | | |
| EXCLUSIONS: \$4,000 or \$10,000 (if applicable, see instructions above) | | | |
| NET TOTAL INCOME (subtract Exclusions from Total Gross Income) | | | |

DECLARATION OF TAXPAYER: I declare that the statements and figures heron are true, full and correct to the best of my knowledge and belief.

NOTE: It is a misdemeanor for any person to willfully submit a return which he/she does not believe to be true and correct as to every material matter. (CODE OF VA 58.1-11)

Please Print Name

Signature

Date

FOR OFFICE USE ONLY

Account #: _____ Parcel #: _____ Date Completed: _____

Total Tax: _____ Net Worth: _____

Relief Amount: _____ Net Income: _____

Adjusted Tax: _____ Exempt %: _____