

City of Winchester, Virginia
OFFICE OF COMMISSIONER OF THE REVENUE
SUITE 204, ROUSS CITY HALL - 15 NORTH CAMERON STREET

**APPLICATION FOR REAL ESTATE TAX EXEMPTION FOR ELDERLY OR
 PERMANENTLY/TOTALLY DISABLED HOMEOWNERS**

FILING DEADLINE: APRIL 1st PLEASE ATTACH YOUR FEDERAL TAX RETURN IF YOU FILE

(If label is attached, please correct any errors.)

**** FOR ASSISTANCE, PHONE 667-1815, EXT. 1430 ****

Applicant: _____
 (Property Owner) Last Name First Name Middle Name

Address: _____ TELEPHONE: _____
 Number Street

Address: _____
 City State ZIP

Applicant: Birth Date _____ Social Security Number: _____
 Month / Day / Year - -

Spouse: _____ Birth Date: _____ SSN: _____
 Last Name First Name Middle Month/ Day / Year - -

[NOTE: IF "NONE" OR "DECEASED"]

If under age 65, certification of disability **MUST** be attached to this application. Please check the type of disability certification: Social Security
 Veterans Administration Railroad Retirement Board Affidavit of **two** doctors.

Name under which property is listed on Real Estate Tax Bill, if different from Applicant's name:

Applicant is Sole Owner Partial Owner of dwelling. (Check one) If partial owner, explain how ownership is legally held:

Please complete the following GROSS INCOME statement **for the past calendar year**. Included in the statement should be the total gross income from all sources for the applicant, spouse, and any relative living in the dwelling.

GROSS INCOME	APPLICANT	SPOUSE	Relatives living in dwelling
Salaries, Wages, Etc.			
Social Security			
Pensions			
Rental Income			
Interest and Dividends			
Social Services (Welfare)			
Capital Gains			
Alimony and Child Support			
Any Other Income			
LESS Exemptions for Relatives	xxxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxx	(Each relative) – 6,500
TOTAL			

Total Combined Gross Income of Applicant, Spouse and Relatives living in dwelling : \$ _____.

List the name, relationship, age and social security number of each person related to the applicant who lives in the same dwelling, and include their income in the GROSS INCOME table above.

NAME	Relation	Age	Social Security Number

(Please complete other side of this form)

