COUNTY OF SURRY, VIRGINIA
DEBORAH J. NEE
COMMISSIONER OF THE REVENUE

2015 REAL ESTATE TAX RELIEF APPLICATION

APPLICANT (PROPERTY OWNER) INFORMATION

Last Name	**First Name**	**Middle Name**
Date of Birth (Mo/Day/Yr)	**Social Security Number**	**Telephone Number**

SPOUSE (CO-OWNERS) INFORMATION

Last Name	**First Name**	**Middle Name**
Date of Birth (Mo/Day/Yr)	**Social Security Number**	**Telephone Number**

Name under which property is listed and appears on the tax bill, if different from applicant or spouse's name:

Last Name	**First Name**	**Middle Name**

Property/Residence Address

Street Address	**City**	**State**	**Zip Code**

Mailing address if it is different from the Property Address

Street Address/Post Office Box	**City**	**State**	**Zip Code**

Property Description (Refer to your Tax Bill)

Account Number	**Map Number**	**District/Town**
Land Area – Acreage or Square Feet	**Real Estate Assessment** $	**Mobile Home Assessment** $

1. Is this residence occupied by the applicant as the sole dwelling? ☐ Yes ☐ No

2. Is the applicant? ☐ Owner ☐ Partial Owner

   If partial ownership, explain how the ownership is legally held and the portion owned by the applicant.

   _____

3. List the names, relation, ages, and social security numbers of all persons related to the applicant who occupies the above residence.

NAME	RELATION	AGE	SOCIAL SECURITY NO.

4. Please complete this gross income statement for the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant and all persons related to applicant living in the above.

GROSS INCOME	APPLICANT	SPOUSE	RELATIVES LIVING IN RESIDENCE
Gross Earnings			
Pensions			
Social Security			
Interest			
Dividends			
Rent(s)			
Welfare			
Gifts			
Capital Gains			
Other			
Totals			
TOTAL GROSS INCOME OF APPLICANT/SPOUSE/RELATIVES			

5. Please complete this statement of net financial worth as of December 31. Net financial worth is computed by subtracting liabilities from assets. Included in this statement should be the net financial worth including equitable interests, of the applicant and spouse. Exclude the value of the applicant's residence and up to one (1) acre of land upon which the residence is situated.

NET VALUE OF ASSETS	APPLICANT	SPOUSE	OFFICE USE
Real Estate			
Personal Property			
Savings Account(s)			
Checking Account(s)			
Stocks			
Bonds			
Insurance(Cash Value)			
Other Assets:			
TOTAL			
TOTAL COMBINED NET WORTH OF APPLICANT/SPOUSERELATIVES			

Note: The false claiming of information in this application shall constitute a misdemeanor; any person convicted of such misdemeanor may be punished by a fine not exceeding five hundred dollars ($500.00).

AFFIDAVIT

COMES NOW _____OF legal age, having first sworn and on my 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 Tax of the County of Surry Virginia, shall nullify any exemption for the current taxable year.

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

_____ _____
APPLICANT(S) SIGNATURE DATE

STATE OF VIRGINIA
COUNTY OF SURRY, to wit:
I hereby certify that _____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 own and stated that on the information and belief the said statements are true and correct.

Subscribed and sworn to before me the undersigned Notary Public in my county and state aforesaid the _____ day of _____, 2015.

My commission expires _____. _____
Notary Public