



## Surry County, Virginia

COMMISSIONER OF THE REVENUE  
Post Office Box 35  
Surry, Virginia 23883  
757-294-5225 · FAX 757-294-5228

DEBORAH J. NEE  
Commissioner

January 1, 2017

**TO FILERS OF TAX RELIEF FOR THE ELDERLY OR PERMANENTLY DISABLED:**

### **2017 FILING INFORMATION**

#### *New Applicants*

At the December 6, 2001 Board of Supervisors meeting, the board amended the Surry County Tax Relief for the elderly or permanently disabled ordinance to include a provision for the filing of an affidavit or written statement on a three-year cycle with a **full application every third year. For 2017, as a new applicant you are required to fill out a full Tax Relief Application.**

Enclosed you will find a 2017 real estate tax exemption full application. Please complete the information on the application that has been left blank. You must sign the application before a notary public in order for your application to be valid. The qualifications for "Tax Relief for the Elderly" are listed on the back of this sheet.

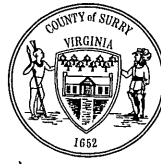
Return the signed, notarized application and required documents to the Commissioner of the Revenue's office in the enclosed self-addressed envelope on or **before May 1, 2017**. If you have any questions or need assistance please call our office at (757) 294-5225.

**Please remember all signed and notarized applications are due on or before May 1, 2017.**

Sincerely,

Deborah J. Nee  
Commissioner of the Revenue

*(See back of this page for requirements)*



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### TAX RELIEF FOR THE ELDERLY QUALIFICATIONS

Through its Real Estate Tax Relief Ordinance for the Elderly, Surry County currently grants senior citizens (age 65 and older) and totally disabled citizens a tax relief on their house and lot if:

- a) The **total household annual income** received from **all** sources during the preceding calendar year of the owners of the dwelling who use it as their principal residence (and owners' relatives who live in the dwelling) **does not exceed \$30,000.**
- b) The **net worth** (excluding house and lot) of the owners (including the spouse of any owner) **does not exceed \$100,000.**

A dwelling jointly held by a husband and wife may qualify if either spouse is sixty-five or over or is permanently disabled. In addition, the first \$6,500 dollars of income of each relative (other than the spouse of the owner) who is living in the dwelling is not included in the total annual income qualification.

Proof of the following must be provided:

- A. Owners of the Dwelling
  1. Total Retirement Income
  2. Total Social Security Benefits Received
  3. Copy of the December 2016 Bank Statements (Checking and Savings)
  4. Cash Value of Certificates of Deposit
  5. Cash Value of Life Insurance
  6. Total Value of Stock and/or Bonds Owned
  7. Evidence of All Other Income Earned
  8. Proof of Disability (**if applicable**) - statement from Social Security, Department of Veterans Affairs, Railroad Retirement Board, or statements from two different doctors. This is required if the applicant is not **65** years of age.
- B. Each Relative of the Owner That is Living in the Dwelling
  1. Evidence of All Income Earned

**ALL APPLICATIONS ARE DUE ON OR BEFORE MAY 1, 2017**



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

**2017 REAL ESTATE TAX RELIEF APPLICATION**

APPLICANT (PROPERTY OWNER) INFORMATION

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

SPOUSE (CO-OWNERS) INFORMATION

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

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

<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
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Property/Residence Address

<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Mailing address if it is different from the Property Address

<b>Street Address/Post Office Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
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Property Description (Refer to your Tax Bill)

<b>Account Number</b>	<b>Map Number</b>	<b>District/Town</b>
<b>Land Area – Acreage or Square Feet</b>	<b>Real Estate Assessment</b> \$	<b>Mobile Home Assessment</b> \$

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.

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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 \_\_\_\_\_, 2017.

My commission expires \_\_\_\_\_.

\_\_\_\_\_  
 Notary Public