

## **VERY IMPORTANT NOTICE**

### **Attention Applicant for Tax Stabilization for the Elderly and Disabled**

When applying for Tax Stabilization for the Elderly and Disabled your income is based on the previous year. For example, for this year 2010 we would use your income from 2009.

When applying for Tax Stabilization, you **must** provide proof of income and resources. Otherwise, your application will be denied.

Please remember that you must send in a new application each year along with proof of income and resources from the previous year.

You may call or come into our office to pickup the application beginning January 1 of the New Year. **The application must be in our office by April 1.**

It is your responsibility to submit your application **each year**. **Applications need to be returned to our office after January 1 and before April 1 of each year.** This is the only notice you will receive. If application is not returned by April 1, 2010 your tax relief will be deleted for 2010.

### **PLEASE SEND PROOF OF INCOME FROM ALL SOURCES.**

**Some examples include:**

- 1) A copy of your bank statement, closest to December 31, 2009  
(checking and savings account statements)**
- 2) Copies of Social Security Income**
- 3) Copies of retirement and/or pension income**
- 4) Copies of all W2 or 1099 forms**
- 5) Proof of all income**
- 6) Persons under the age of 65, claiming the exemption must present certification from the Veterans Administration, the Railroad Retirement Board, Social Security Administration, or a sworn affidavit from two medical doctors stating such person is permanently and totally disabled. The affidavit of at least one of such doctors will be based upon a physical examination.**

## **Buckingham County, Virginia**

### **Qualification for Tax Stabilization for the Elderly & Disabled**

1. The property owner must be at least 65 years of age or determined to be permanently or totally disabled by December 31<sup>st</sup> of the year preceding the tax year for which assistance is requested.
2. As of December 31<sup>st</sup> of the year preceding the tax year for which assistance is requested, the taxpayer must have been a resident of Buckingham County for at least 5 years prior to applying. The property must be occupied as the sole dwelling of the taxpayer. The taxpayer may be temporarily in the hospital, nursing home, etc. and still qualify for relief. If the residence is occupied by someone else while the taxpayer is away, it is not considered a temporary condition.
3. The total combined income received from all sources during the preceding calendar year by (1) owners of the dwelling who use it as their principal residence, and (2) owners' relatives, or others who live in the dwelling, shall not exceed \$ 35,000.00.
4. The net financial worth, including the present value of all equitable interest, as of December 31<sup>st</sup> of the immediately preceding calendar year, of the owners, or of the spouse of any owner, excluding the value of the dwelling and the land not exceeding 10 acres upon which it is situated shall not exceed \$ 80,000.00.
5. Taxpayers seeking assistance must file annually on forms to be made available by the Commissioner of the Revenue. These forms must be returned to the Commissioner of the Revenue by April 1<sup>st</sup> of each year.
6. The applicant shall file the affidavit or written statement on a three year cycle but, in order to remain eligible, the claimant shall file annually a certification that no information contained on the last preceding affidavit or written statement has changed to violate the limitations and conditions of the ordinance. If such certification is not filed, the applicant must file a new affidavit or written statement in order to remain eligible.
7. Persons under the age of 65 claiming the exemption must present certification from the Veterans Administration, the Railroad Retirement Board, Social Security Administration or a sworn affidavit by two medical doctors to the effect that such person is permanently and totally disabled. The affidavit of at least one of such doctors will be based upon a physical examination.

**Taxpayers seeking assistance must file an application with the Commissioner of the Revenue between January 1<sup>st</sup> and April 1<sup>st</sup> of each year for which relief is sought.**

For further information or assistance, please contact the Commissioner of the Revenue's Office at (434) 969-4181 or P.O. Box 138 Buckingham, Virginia 23921.

**COUNTY OF BUCKINGHAM  
COMMISSIONER OF THE REVENUE  
TAX RELIEF FOR THE ELDERLY AND DISABLED**

**Proof of disability must be certified and attached.** The information on this must be filled out in its entirety and returned to the Commissioner of Revenue's office by **April 1st** of the taxable year. **The stabilization is granted on an annual basis and a new application and verification must be filed each year.**

Applicant Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Mo Day Year

Phone No. \_\_\_\_\_

Spouse or Co Owner: \_\_\_\_\_

Birth date: \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Mo Day Year

Name under which the property is listed and appears on tax bill:

Name: \_\_\_\_\_

Mailing address if different from the residence address:  
\_\_\_\_\_  
\_\_\_\_\_

Is the residence occupied by you as your only home? Please circle yes no

Are you the sole owner of the property? Please circle yes no  
If not list the all other owners.

\_\_\_\_\_  
\_\_\_\_\_

List name, relation, age and social security number of all persons that live in your household:

Name	Relation	Age	Social Security #
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COUNTY OF BUCKINGHAM  
 COMMISSIONER OF THE REVENUE  
 TAX RELIEF FOR THE ELDERLY AND DISABLED**

Please complete this income statement for the **prior year**. This statement should include income from all sources.

INCOME SOURCE	AMOUNT OF YOUR INCOME	AMOUNT OF SPOUSE'S INC.	AMOUNT OF OTHER PERSONS
SALARY			
PENSIONS			
SOCIAL SECURITY			
SSI			
INTEREST			
DIVIDENDS			
FOOD STAMPS			
WELFARE			
LAND SOLD (LAST YEAR)			
RENT RECEIVED			
OTHER INCOME			
<b>TOTALS</b>			

Please complete this statement of net financial worth for income received as of **December 31**, of the **previous year**.

NET VALUE OF ASSETS	APPLICANT AMOUNT	SPOUSE AMOUNT	OTHER INCOME
Assessed value of real estate owned in another county			
Savings Account Balance			
Checking Account Balance			
Stocks (value of account)			
Bonds (value)			
CD's (value of account)			
Cashable Insurance (value)			
Other Assets			

Oath: I swear that the foregoing statements are true and accurate to the best of my knowledge and belief, 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 limitation and conditions provided by ordinance of the County of Buckingham shall nullify and void my stabilization for the current taxable year.

Date \_\_\_\_\_

\_\_\_\_\_  
 Applicant's Signature

COMMISSIONER OF THE REVENUE  
BUCKINGHAM COUNTY  
P. O. BOX 138  
BUCKINGHAM, VIRGINIA 23921

RELEASE FORM

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RE: \_\_\_\_\_  
\_\_\_\_\_

My signature authorizes the release to this agency of all information necessary to determine and review my eligibility. I authorize the release of any medical or psychological information and any financial information. This authorization is valid for one year from the date of my signature below. I understand that this time limit does not apply to investigations regarding possible fraud.

I authorize the copying of this document, with my signature, for the purpose of obtaining this information.

\_\_\_\_\_  
APPLICANT'S SIGNATURE OR MARK

\_\_\_\_\_  
CO-APPLICANT'S SIGNATURE OR MARK

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE