

**City of Norfolk**  
**RENEWAL APPLICATION FOR REAL ESTATE TAX RELIEF**  
**FOR PERSONS AGE SIXTY FIVE OR OLDER**  
**OR TOTALLY DISABLED**

As provided by City of Norfolk Ordinance No. 26,967

Phone Number \_\_\_\_\_

**INSTRUCTIONS TO APPLICANT**

The information required on the application must be filled out in its entirety and returned to *Sharon M. McDonald, Commissioner of the Revenue, P. O. Box 2260, Norfolk, VA 23501-2260*. Applications must be filed no later than June 1<sup>st</sup> of the taxable year. The exemption is granted on an **Annual Basis** and a new application must be filed each year. All information on the application is confidential and not open to public inspection. A federal **OR** state income tax return should be attached to the application **or** **PROOF OF INCOME MUST BE PROVIDED**. For additional information please call **441-1502**.

1. Is the Owner the sole occupant of the Residence? ☐ Yes ☐ No
2. List the names of all related persons occupying the above residence.  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Do the Property Owners own any other Real Estate? ☐ Yes ☐ No  
If so, list location \_\_\_\_\_
4. Did the Owners file a Federal or State Income Tax Return? ☐ Yes ☐ No  
(If yes, furnish a copy, prefer federal tax return)
5. Is any part of the residence leased or rented to other persons? ☐ Yes ☐ No
6. Total combined financial worth of owner(s) and all relatives living on the property as of December 31, \_\_\_\_\_. (DO NO INCLUDE THE PROPERTY YOU ARE LIVING ON.)
7. If a Mortgage Company collects for payment of your Real Estate Taxes:

Name	Address	Loan Number	
Checking Accounts	\$ _____	Motor Vehicles	\$ _____
Savings Accts & IRAs	\$ _____	Boats & Trailers	\$ _____
Stocks, Bonds & Trusts	\$ _____	Other Real Estate	\$ _____
	Certificates of Deposit & Money Market Funds	\$ _____	
<b><u>TOTAL COMBINED NET FINANCIAL WORTH</u></b>		<b><u>\$ _____</u></b>	

**PLEASE COMPLETE REVERSE SIDE OF PAGE**

Total income (gross) of the owner(s) and all relatives living on the property, from ALL SOURCES as of **December 31**, \_\_\_\_\_.

<b>MONEY FROM</b>	<b>PERSON RECEIVING</b>	<b>ANNUAL INCOME</b>
Social Security <i>Not including Medicare</i>	Property Owner	\$
Social Security <i>Not including Medicare</i>	Spouse/Co-Owner	
Retirement Pension	Property Owner	
Retirement Pension	Spouse/Co-Owner	
Rent from Roomers/Tenants	Property Owner(s)	
Interest from Bank Accounts	Property Owner(s)	
Dividends from Stocks & Bonds	Property Owner(s)	
Part- or Full-Time Work	Property Owner(s)	
Other Income (specify)	Property Owner(s)	
Income of Related Persons	Relatives Living on Property	
	<b>SUBTOTAL</b>	
Supplemental Health Insurance	Enter Premium Amount	-
	<b>Total Income</b>	
<b><u>FOR OFFICE USE ONLY</u></b>	Disability	-
	<b>TOTAL</b>	
	<b>EXEMPTION PERCENTAGE</b>	

Total combined financial worth of owner(s) and all relatives living on the property as of **December 31**, \_\_\_\_\_. (DO NO INCLUDE THE PROPERTY YOU ARE LIVING ON.)

Checking Accounts	\$	Motor Vehicles	\$
Savings Accts & IRAs	\$	Boats & Trailers	\$
Stocks, Bonds & Trusts	\$	Other Real Estate	\$
Certificates of Deposit & Money Market Funds			\$
<b>TOTAL COMBINED NET FINANCIAL WORTH</b>			<b>\$</b>

**AFFIDAVIT**

I, \_\_\_\_\_ of legal age, swear on my oath 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 the ordinance shall nullify any exemption for the current taxable year and the taxable year immediately following. Any person or persons who shall falsely claim an exemption or shall give information on which an exemption is based shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding \$ 1,000.00 or confinement in jail not exceeding twelve months, or both such fine and imprisonment.

Signature \_\_\_\_\_ Preparer Initials \_\_\_\_\_

Remarks: