

ELIGIBLE _____ NOT ELIGIBLE _____

MAP # _____

SS# _____

FISCAL YEAR 201_/201_

**ANNUAL APPLICATION FOR EXEMPTION OF REAL ESTATE TAX
ON PERSONAL RESIDENCE OF ELDERLY/PERMANENTLY &
TOTALLY DISABLED PERSONS**

Owner's Name _____ Date of Birth _____

Owner's Address _____ Telephone _____

Legal Description _____

Market Value of Residence & Land (land not to exceed 1 acre) _____

TOTAL combined income, during the immediately preceding calendar year, from ALL sources of the owners of the dwelling living therein and of the owners' relatives, including spouse and nonrelatives, living in the dwelling as follows: (total CANNOT EXCEED \$35,000 except the first \$7,500 of income of each such relative and nonrelatives other than the spouse, and first \$7,500 of income of disabled owner(s), shall not be included in total.) List the yearly amount received the preceding year in each of the classifications below:

Amount of Social Security \$ _____ Amount of Interest \$ _____

Including Medicare _____ Amount of Dividends \$ _____

Amount of Salary \$ _____ Amount of Other Income \$ _____

Amount of Pension \$ _____ (Specify)

Amount of Capital Gains \$ _____

TOTAL AMOUNT OF YEARLY INCOME FROM ABOVE \$ _____

RELATIVES INCOME \$ _____

LESS EXCLUSIONS \$ _____

GRAND TOTAL \$ _____

Certification by Social Security Administration, Dept. of Veteran Affairs, or Railroad Retirement Board:

YES _____ NO _____ (Attach Copy)

Sworn affidavit by two (2) medical doctors licensed to practice medicine in the Commonwealth:

YES _____ NO _____ (Attach Copy)

Name of Spouse and income from Social Security, etc (if any) _____

Names of relatives of owner(s) living in the residence and amount of their income over \$7,500 _____

Does the total financial worth as of December 31, of the immediately preceding year of the owner and spouse, and of owner(s) relatives living therein (excluding the value of the dwelling and land to be exempted under this application) exceed \$80,000? _____ YES _____ NO

FILL IN VALUES THAT APPLY TO YOU BELOW:

Livestock \$ _____ Furniture and Machinery \$ _____

Vehicles \$ _____ (Cars, Trucks, Trailers, Boats, etc)

Mortgages \$ _____ Mobile Homes \$ _____

Other \$ _____ Balance on Mortgages \$ _____

OATH – I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

Signature of Applicant

Sworn (or affirmed) to before me this _____ day of _____