



CITY OF FRANKLIN
OFFICE OF THE
COMMISSIONER OF THE REVENUE
207 WEST SECOND AVENUE
FRANKLIN, VA 23851

APPLICATION FOR REAL ESTATE TAX
RELIEF FOR THE ELDERLY OR DISABLED

The information required on the application must be filled out in its entirety and returned to the Commissioner of the Revenue, City of Franklin, City Hall, Franklin, Virginia 23851. Applications must be filed by **August 2, 2021** for consideration of tax relief for the **2021-2022** tax year. Complete all spaces on the application that are applicable. Question that cannot be answered within the spaces provided may be answered by attaching additional sheets to this application. Any exemption will be granted on an annual basis and a new application must be filed each year. All information on the application is confidential and will not be open to public inspection.

Applicant:

Mailing Address:

City:

State:

Zip:

Birth Date:

Social Security No:

Phone:

Spouse:

Birth Date:

Social Security No:

Phone:

Applicant is: (check one box) 65 years of age or older permanently and totally disabled

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

Name:

Account and Parcel Number -- Copy from Tax Bill:

Description:

Value of Land

Value of Building

Total Value

FOR OFFICE USE ONLY	
INCOME	NET WORTH
PERCENTAGE OF RELIEF	AMOUNT OF RELIEF

1. Is this dwelling 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 proportion owned by the applicant.

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

Name	Relation	Age	Social Security No.

Please complete this gross income statement for the calendar year **2020**. Included in this statement should be the total gross income from all sources of the applicant and spouse and income in excess of \$1,500 of each relative living in the dwelling.

Gross Income	Applicant	Spouse	Relatives living in dwelling
Salaries, Wages, Etc.			
Pensions			
Social Security			
Interest			
Dividends			
Food Stamps			
Fuel/Cooling Assist.			
Trust Fund Income			
Other Sources			
TOTAL			

Total gross combined income of the applicant, spouse and relative \$ _____

NOTE: If you filed a Federal Income Tax Return last year, attach a copy.

Please complete this statement of net financial worth as of December 31, **2020**. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, including equitable interest of the owner of the dwelling for which exemption is claimed and shall exclude the fair market value of the dwelling and the land, not exceeding one acre, upon which the dwelling is situated.

Net Value of Assets	Applicant	Spouse
Real Estate (see above)		
Personal Property (auto)		
Savings Account (s)		
Checking Account (s)		
Stocks/Bonds		
Insurance (cash value)		
Property in Trust		
Other Assets		
TOTAL		

Total combined net financial worth of the applicant and spouse \$_____

CERTIFICATE

I certify, under the penalties provided by law, that this application for Real Estate Tax Relief for the Elderly or Disabled, including any accompanying schedules or statements, to the best of my knowledge and belief is true, correct and complete.

Date _____ Signature of Applicant _____