

**Municipal Corporation of Cape Charles**  
**2 Plum St**  
**Cape Charles, VA 23310**

**2018 Affidavit and Application**  
**For Real Estate Tax Relief for Certain**  
**Elderly and Handicapped Person**

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Map Number \_\_\_\_\_

The information on the application must be filled out in its entirety and returned to the Treasurer of the Municipal Corporation of Cape Charles, 2 Plum St. Application must be filed by April 2nd of the taxable year for which the exemption is applied. Complete all spaces on the application that are applicable. Questions that cannot be answered within the spaces provided may be answered by attaching additional sheets to this application. This 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. Read requirement for exemption on page 4. For additional information, please call 331-3259 extension 23.

**Applicant:** \_\_\_\_\_  
(Property Owner)                      Last Name                      First                      Middle

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

**Birthdate:** \_\_\_\_\_ **Social Security#:** \_\_\_\_\_  
Month./Day/Year

**Phone Number:** \_\_\_\_\_

**Spouse:** \_\_\_\_\_  
Last Name                      First                      Middle

**Birthdate:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

Name(s) under which property is listed and appears on the tax bill, be sure to note joint ownership is applicable.

**Name(s):** \_\_\_\_\_

**Street Address of Property:** \_\_\_\_\_

**Tax Map and Parcel Number:** \_\_\_\_\_  
Copy from Tax Bill

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<b>Income=</b>	<b>Net Worth=</b>
Percentage of relief granted	\$ _____
Current Year Tax Due	\$ _____
Amount of Relief Granted	\$ _____
Balance to be Paid by Taxpayer	\$ _____

**TAX YEAR 2018**

## NET WORTH

Please complete this schedule of net financial worth as of December 31, 2017. Net financial worth is computed by subtracting liabilities from assets and shall include all assets, including equitable interest, of the owner of the dwelling and the spouse, for which exemption is sought, and shall exclude the fair market value of the dwelling and the land, not to exceed one acre upon which the dwelling is situated.

Net Value of Assets	Applicant	Spouse
Real Estate (other than residence)		
Automobile(s) (Fair Market Value)		
Machinery and Equipment		
Livestock		
Household and Personal Effects		
Savings Account(s)		
Checking Account(s)		
Cash on Hand		
Stocks and Bonds		
Life Insurance and Annuity (Cash Value)		
Property in Trust		
Other Assets		
<b>TOTAL Assets</b> <span style="float: right;"><b>A</b></span>		
Less Liabilities		
Notes Payable		
Accounts Payable		
Mortgages Payable (Other than Residence)		
Taxes Due – Federal , Local & State		
All Other Debts		
<b>TOTAL Liabilities</b> <span style="float: right;"><b>B</b></span>		
<b>NET WORTH</b> (subtract line B from Line A) <span style="float: right;"><b>C</b></span>		
<b>COMBINED NET WORTH</b> Applicant & Spouse line C		

1. Is this dwelling occupied by the applicant as the sole dwelling?  
**YES** **NO**
2. Is the applicant? **Elderly** **Disabled**  
(see requirement No.2 on Page 4 on this form)
3. Is the applicant? **Sole Owner** **Partial Owner**

If partial ownership, explain how the ownership is legally held and the proportion owned by the applicant.

4. List the names, relationships, ages and social security numbers of all persons related to the owners who occupy the above dwelling.

Name	Relationship	Age	Social Security

### GROSS INCOME SCHEDULE

Please complete the Gross Income schedule for the calendar year 2017. Included in this statement should be the total gross income from all sources of the applicant and spouse and each relative living in the dwelling.

Gross Income	Applicant	Spouse	Relative 1	Relative 2
Salaries, Wages, Etc				
Pensions or Retirement				
Social Security				
Interest				
Dividends				
Rent (s)				
Public Assistance				
Capital Gains				
Trust Fund Income				
All Other Sources				
Less Relative Income Exemption			-\$3000.00	-\$3000.00
<b>Total Each Column</b>				
<b>Total Gross Combined Income</b>				\$

If Gross Combined Income is over \$22,000.00, No exemption is allowed.

### REQUIREMENTS

- 65 or certified permanently and totally disabled.
- Household income not to exceed \$22K.
- Net Financial Worth less than \$40K (exclude home).
- Oaths, Affidavits and Certified Tax Returns required.
- Must reapply annually between January 1 and April 2.
- Taxes must be paid on time or exemption void.

**AFFIDAVIT**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Sworn (or affirmed) to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Treasurer of the Town of Cape Charles

Or a notary public administering oath.

My Commission Expires \_\_\_\_\_

**The Municipal Corporation of Cape Charles  
REAL ESTATE TAX RELIEF FOR THE ELDERLY AND HANDICAPPED  
REQUIREMENTS FOR EXEMPTION**

1. The title of the property for which exemption is claimed must be held or partially held, on January 1 of the taxable year, by the person or persons claiming exemption.
2. The person or persons claiming exemption must be 65 years or older, or permanently and totally disabled, on December 31 of the year immediately proceeding the taxable year. Totally Disabled applicants under 65 must attach either a certificate by the Social Security Administration, or if applicant is not eligible for Social Security, a sworn affidavit by two (2) medical doctors licensed to practice medicine in the Commonwealth to the effect that such person is permanently and totally disabled.
3. The dwelling on the property for which exemption is claimed must be occupied as the sole dwelling of the person or persons claiming the exemption.
4. The total combined income during the immediately preceding calendar year from all sources of the owners of the dwelling living therein, and the owners' relatives living in the dwelling shall not exceed twenty thousand dollars, provided that the first three thousand of income of each relative, other than spouse, of the owner or owners, who is living in the dwelling shall not be included in such total.
5. The net combined income financial worth, including equitable interests, as of thirty-first day of December of the immediately preceding calendar year, of the owners, and of the spouse of any owner, excluding the value of the dwelling and the land, not exceeding one acre, upon which it is situated, shall not exceed forty-thousand dollars.
6. Annually and not later than April 1 of the taxable year, the person or persons claiming an exemption must file a Real Estate Exemption application with the Commissioner of the Revenue.
7. The Treasurer may require reproduction of certified tax returns and appraisal reports to establish income and financial worth.

**PENALTIES FOR VIOLATION**

- (a) Any person who shall falsely claim the exemption provided for in the ordinance shall pay to the treasurer one hundred ten percent of such exemption.
- (b) The false claiming of the exemption authorized in the ordinance shall constitute a misdemeanor. Or any person convicted of falsely claiming such exemption shall be punished by a fine not exceeding three hundred dollars or confinement in jail not exceeding thirty days, either or both.
- (c) Failure to pay the difference between the exemption and the full amount of taxes levied on the property for which the exemption is issued by December 5<sup>th</sup> of the taxable year shall constitute a forfeiture of the exemption.