

# Christopher R. Jones

Commissioner of the Revenue

County of Lee

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## APPLICATION FOR REAL ESTATE TAX RELIEF FOR PERSONS 65 YEARS OF AGE OR OLDER OR PERSONS TOTALLY AND PERMANENTLY DISABLED

TAX YEAR: 2025

DATE DUE: March 01, 2025

Applicant: \_\_\_\_\_  
Last Name First Name Middle Initial

Birthdate: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Spouse's Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Spouse's Birthdate: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

Name as appears on the tax bill: \_\_\_\_\_

Applicants' Total Yearly Income from All Sources \_\_\_\_\_

Spouse's Total Yearly Income from All Sources \_\_\_\_\_

Total Yearly Income of All Others Living In the Household \_\_\_\_\_

The Total Combined Financial Worth of My Household \_\_\_\_\_  
(See Line #4 on the Reverse Side)

I Have Read The Above Affidavit And Swear Under Oath That Its Contents Are True To The Best Of My Knowledge  
And Belief.

\_\_\_\_\_/\_\_\_\_\_  
(Signature) (Date)

### PLEASE NOTE THE REQUIREMENTS LISTED ON THE REVERSE SIDE

#### FOR OFFICE USE ONLY:

Total Income \_\_\_\_\_ Value \_\_\_\_\_ Elderly \_\_\_\_\_

Percentage of Relief \_\_\_\_\_ Tax Amt. \_\_\_\_\_ Disabled \_\_\_\_\_

Applied to Account(s) \_\_\_\_\_ Relief Amt. \_\_\_\_\_

**REAL ESTATE RELIEF FOR THE  
ELDERLY OR TOTALLY & PERMANAENTLY DISABLED**

THIS APPLICATION MUST BE FILED WITH THE COMMISSIONER OF THE REVENUE ON OR BEFORE **MARCH 01** OF EACH YEAR. APPLICATIONS MUST BE RENEWED YEARLY.

1. The title of the property for which exemption is claimed is held, or partially held, on January 01 of the taxable year by the person or persons claiming exemption.
2. The head of the household occupying the dwelling and owning title, or partial title, thereto is sixty-five years or older or totally and permanently disabled on December 31 of the year immediately preceding the taxable year. Such dwelling must be occupied as the sole dwelling of such person or persons.
3. Gross combined income shall include all income from all sources of the applicant, applicant's spouse and all others living in the dwelling for which exemption is claimed. Income shall consist of: Gross Earnings, Pensions, Social Security, Interest, Dividends, Rent(s), Welfare, Gifts, Capital Gains, and Other Sources. **The household income cannot exceed \$35,000 yearly.**
4. Total financial worth shall include the value of all assets, of the applicant, applicant's spouse, and all others living in the household, and shall EXCLUDE THE FAIR MARTKET VALUE OF THE DWELLING AND THE LAND NOT EXCEEDING ONE ACRE, upon which it is situated for which exemption is claimed. Net value of assets shall be: Real Estate, Personal Property, Savings Account(s), Checking Account(s), Stocks, Bonds, Insurance (Cash Value), and Other Assets. **The total combined financial worth cannot exceed \$95,000 yearly.**
5. **ORDINACE REQUIRES YOUR BALANCE DUE, IF ANY, BE PAID IN FULL BY OCTOBER 31, 2024 OTHERWISE YOUR AMOUNT OF RELIEF WILL BE WITHDRAWN AND YOU WILL BE RESPONSIBLE FOR THE FULL AMOUNT OF YOUR REAL ESTATE TAXES.**

NOTE: THE FALSE CLAIMING OF THE EXEMPTION AUTHORIZED IN THIS SECTION SHALL CONSTITUTE A MISDEMEANOR.