



2025 Elderly & Disabled Tax Relief

Kelly N. Lumpkin, Commissioner of the Revenue

King and Queen County

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APPLICATIONS MUST BE FILED BY April 1, 2025.

Applicant:

Office Use Only:

Account #:

Total Income: \$

Map Number(s):

Total Assets: \$

Credit: \$

PLEASE CHECK THE APPROPRIATE BOXES BELOW:

Tax Relief for the Elderly
(65 years or older)

OR

Tax Relief for the Permanently Disabled

Relief of real estate taxes

AND/OR

Relief of manufactured home taxes

GENERAL INFORMATION AND REQUIREMENTS

- ❖ The applicant must be **65 years old** or older by **December 31, 2024 OR totally and permanently disabled** and **reside on the property**. **If totally and permanently disabled, you must provide the declaration letter from the Social Security Administration.**
- ❖ The applicant must be an owner of the property on December 31 of the preceding year. If the applicant is in a hospital or other extended care facility on December 31, they may still qualify if the house is not rented or leased for consideration.
- ❖ Gross combined income of all owners and relatives living in the home cannot exceed **\$35,000**. The income of all relatives living in the house must be included.
- ❖ Combined financial worth of the applicant and spouses may not exceed **\$60,000**. The value of the house and up to two (2) acres of land on the same parcel is excluded from your net worth.
- ❖ Full Applications are required every three years. Between those three years, a signed affidavit will be required to continue your tax relief status. If there has been a significant change in your income or assets, you must immediately notify the Commissioner of the Revenue so you may complete another full application.
- ❖ If you require assistance in completing this form, we can assist you in person (with an appointment) at the King and Queen County Commissioner of Revenue Office, 242 Allen's Circle, King and Queen Ch., VA or by telephone at 804-785-5976.
- ❖ Please attached proof for all income and assets including social security documents, bank statements, etc.

COMPLETE ALL SECTIONS ON FORM AND ANSWER ALL QUESTIONS. IF A QUESTION DOES NOT APPLY TO YOU, ENTER N/A OR 0. FORMS MUST BE RETURNED TO THE COMMISSIONER OF THE REVENUE BY APRIL 1.

Street Address of Property: _____

Mailing Address – if different: _____

Applicant: _____
Last Name First Middle Suffix

Birth Date: _____ **Phone:** _____
Month Day Year

Spouse: _____
Last Name First Middle

Birth Date: _____ **Phone:** _____
Month Day Year

Complete the following questions.

1. Is the property occupied by the applicant as his/her sole dwelling? Yes ____ No ____
2. What is Applicant's Ownership? (Check the appropriate space.)

100% Owner (with or without Spouse) ____ **Partial Owner** ____

If a Partial Owner, please list all other owners and each owner's percentage of ownership.

List name(s) of all owners, their percentage of ownership and if the house is the sole dwelling.

Applicant		Percentage of Ownership		
Name	DOB	Percentage of Ownership		____ Yes/No Sole Dwelling
_____	_____	_____	_____	____ Yes/No Sole Dwelling
_____	_____	_____	_____	____ Yes/No Sole Dwelling

3. Are any other adults over the age of 18, other than the spouse, living in the residence? ____ Yes/No

If yes, please complete the following for adults over the age of 18 living in the residence:

Name	Relationship	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. Are any of the adults listed above acting as a caregiver of the applicant and/or spouse? ____ Yes/No

TOTAL INCOME FOR CALENDAR YEAR 2024

Include the total income from all sources of the applicant, spouse, and all persons living in the residence. If you answered yes to question 4 above, do not include the income of the caregiver. If there is no income for a specific line, enter "0".

Total Income (Before deductions)	APPLICANT	SPOUSE	OTHERS	TOTAL
Salaries & Wages (W-2)				
Pensions & Annuities				
Social Security or Railroad Retirement				
Disability Income				
Interest & Dividends				
Public Assistance, Prizes Won, Gifts				
Capital Gains				
IRA Distributions				
Rental Income				
Other including self-employment				

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Total Income				
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NET FINANCIAL WORTH AS OF DECEMBER 31, 2024

Do not include the value of the house on which you are seeking relief or the mortgage against it.

NET VALUE OF ASSETS	APPLICANT	SPOUSE	TOTAL
Personal Property (vehicles)			
Other real estate located in King and Queen			
Other real estate located outside of K&Q			
Savings Accounts			
Checking & Money Market Accounts			
Stocks, Bonds, Mutual Funds, etc.			
Life Insurance (cash value only)			
Worker's Compensation Benefits			
IRAs, annuities, 401K balances			
Certificates of Deposits (CDs)			
Other assets such as trust accounts			
Total Net Value of Assets			

AFFIDAVIT FOR REAL ESTATE TAX RELIEF

I do hereby declare that my income and net worth are true and correct to the best of my knowledge and belief and that the property is my sole residence. Any person, who knowingly falsely claims an exemption shall be guilty of a misdemeanor and upon conviction thereof, may be punished by a fine not to exceed \$1,000 or confinement in jail not to exceed twelve months or both.

In addition, this signed affidavit allows the qualified applicant's name and property address to be released, if applicable, to the Department of Social Services for the purpose of receiving any allowable discounts for services. This release remains in effect for three years unless you notify us otherwise.

Applicant's Email Address: _____

Signature of Applicant	Date Signed	Telephone Number
Signature of Applicant	Date Signed	Telephone Number
Signature of Witness (other than spouse)	Date Signed	Telephone Number

The application will be returned if the applicant has not signed and/or the signature has not been witnessed by another adult other than your spouse. If a person is signing with a Power of Attorney, please indicate this on the signature line and include a copy of the Power of Attorney with the application.

For Office Use Only:

BENEFITS RECEIVED IN 2024	YEARLY AMOUNT	MONTHLY AMOUNT
Snap	\$	\$
Fuel Assistance	\$	\$
Energy	\$	\$
Other	\$	\$
No Assistance		

AUTHORIZATION FOR RELEASE OF INFORMATION

Virginia State Code §58.1-3 does not allow the release of confidential information "except in accordance with a proper judicial order or as otherwise provided by law". Without your explicit approval, this office will not release any information regarding the application to anyone other than the applicant.

If you wish to authorize the Commissioner of the Revenue or her staff to discuss the information contained in your application with any person(s) other than you (the applicant) and authorize such person(s) to receive information regarding your eligibility for this program, please complete the section below. You have the right to revoke this authorization at any time by submitting a written request to our office.

I, or my authorized representative, request that the person specifically named below, as well as agents representing me, including, but not limited to, Real Estate Agents, a Closing Attorney, or a Mortgage Company Representative, be allowed to receive or discuss confidential information pertaining to this application.

Name of Contact Person _____

Address of Contact Person _____

Telephone of Contact Person _____

Email of Contact Person _____

Applicant Signature Authorizing this Release

Date

In accordance with King and Queen County Code §30-47, the Commissioner of the Revenue shall make any other reasonably necessary inquiries of persons seeking an exemption under this division, requiring answers under oath, to determine the qualification for such exemption. For such purpose, the Commissioner may require the production of certain supporting documentation including, but not limited to income tax returns and related forms, social security documents, and bank statements to establish the income or financial worth of any applicant for relief.