



AMELIA COUNTY
OFFICE OF THE COMMISSIONER OF THE REVENUE
P.O. Box 269 - 16360 Dunn St, Ste 102
Amelia Court Hse, VA 23002
(804) 561-2158 - Fax: (804) 561-6472
www.ameliacova.com

Laura M. Walsh
Master Commissioner

December 30, 2022

Dear Taxpayer:

This letter is a reminder that applications for the tax relief program must be submitted each year to the Commissioner of the Revenue between February 1st and May 1st of the tax year.

In order to qualify you must apply annually, per VA code §58.1-3213, to receive tax relief for the current year. **IF we do not receive an application by May 1st, you will not qualify for the current year.**

If you do qualify please note that, per County Ordinance, the bill **must be paid by the due date** (December 5th). If it is not paid by the due date, the tax bill will go back to full tax amount.

Information showing the following items must be provided:

Cash (savings, CD's, checking)	Other assets (vehicles, etc.)
Stocks & Bonds	Accounts payable
Amelia real estate (Commissioner's office)	Loans payable
Other real estate	Mortgage payable
Mobile homes	Other liabilities
Life insurance	

Please contact this office if you have any questions concerning the tax relief program. Remember – May 1st is the deadline to apply for a reduction on your current year tax bill.

Sincerely

Laura M. Walsh
Master Commissioner of the Revenue

**Mail this form back to us with the application completed and
declaration signed ON BACK**

Number of owners:

Owners living at this property:

Name and age of all living in the house:

Caregiver

Disabl e d

Income (from ALL sources):

(circle Yes if applies)

YES

YES

\$ _____

YES

YES

\$ _____

YES

YES

\$ _____

YES

YES

\$ _____

Assets:

Checking, savings, CD total \$ _____

Value of land owned \$ _____
(Non-Amelia)

Stocks, Bonds total \$ _____

Other assets \$ _____

IF the above figures for assets are over \$100,000 please answer below:

Liabilities (hospital bills, credit cards etc): _____

Mortgage and/or vehicle balance : _____

Under VA code §58.1-3213 The Commissioner can require answers and documents be provided under oath regarding income, assets or disability documentation

DECLARATION: I declare that the statements and figures are true, full and correct to the best of my knowledge and belief.

Signature

Date

Telephone number: _____

Internal use only:

Qualifies Delete: Income Age Assets Ownership

Percentage of ownership = _____