

**Tax Relief for the Elderly and Disabled
Application**



Smyth County, Virginia
Bradley A. Powers
 Commissioner of the Revenue
 P.O. Box 985 / 109 W. Main Street,
 Suite G011 Marion, VA 24354

Office Use Only:

Office: (276) 782-4040
 Fax: (276) 782-4041

Applicant: _____ **Birthdate:** ___/___/___ **S.S.N.:** _____

Spouse: _____ **Birthdate:** ___/___/___ **S.S.N.:** _____

Mailing Address: _____ **Phone:** _____

Physical Address: _____ **Tax Account #:** _____

Is the Dwelling a Single-Wide Mobile Home? _____ **If Applicant is NOT over the age of 65, is application being filed due to a disability?** _____

**If application is being filed due to a disability, a Certification of Disability must be attached to this file. Failure to attach certificate will be considered an incomplete application. This does not apply to individuals over 65 years of age.*

Name Property is in (Leave blank if same as above):

For ALL additional individuals living in the dwelling list the names, relationship, and Social Security Numbers:

1) Name: _____	Relationship: _____	S.S.N.: _____
2) Name: _____	Relationship: _____	S.S.N.: _____
3) Name: _____	Relationship: _____	S.S.N.: _____

GROSS INCOME

Please complete this Gross Income statement for the immediately preceding calendar year. Include in this statement the total gross income from **ALL SOURCES**. For example: in 2025 you will be including income from 2024.

Income Source	Applicant	Spouse	Occupant 1	Occupant 2	Occupant 3
Salaries, Wages, Ect.					
Pensions / Retirements / V.A. Benefits					
Social Security from Block 5 on Annual Statement					
Interests/Dividends					
Rental Income					
SSI or other Income					
Total Gross Income					

OFFICE USE ONLY: Total Household Income: _____

*Please attach statement of benefits and a copy of W2's for income verification.

*Application Continues on Back

**Tax Relief for the Elderly and Disabled
Application (continued)**

Net Worth					
Please complete this Net Worth Statement. Do not include your primary residence and the land it is situated on up to one acre. Any additional land and residences should be listed.					
Assets	Applicant	Spouse	Occupant 1	Occupant 2	Occupant 3
Real Estate (other than Residence)					
Automobiles					
Boats, Trailers, Campers, RV's					
Checking Account Balance					
Savings Account Balance					
Stocks/Bonds/CD's/IRA/Retirement Accounts/401k					
Annuity					
Other Assets					
Total Net Worth					

OFFICE USE ONLY: TOTAL NET WORTH OF HOUSEHOLD: _____

QUESTIONNAIRE

Is this the Applicant's Primary Residence? _____ Are any occupants under 18 YOA listed? _____ If yes, Which occupant number? _____ Are any occupants between 18-23 years of age and enrolled in at least 2 semesters of high school, college, or technical school? _____	Is the applicant the owner or co-owner of the real estate? _____ Was this property in the name of the applicant as of January 1 of the current year? _____ *Relief is only granted for the primary residence
If yes, which occupant(s) and attach a transcript or enrollment certification from the school: _____	

CERTIFICATE / AFFIDAVIT

I certify, under the penalties prescribed by law, that all information contained within this application is true, complete, and accurate to the best of my knowledge. I further understand that certain audit procedures may be performed to ensure all information reported is accurate and correct. I understand that if my income or living situation changes during the year, I must notify the Commissioner of the Revenue's office immediately.

Applicant: _____	Date: ____/____/____
Spouse/Co-Applicant: _____	Date: ____/____/____

***Please Ensure all supporting documentation is attached. Incomplete applications can not be processed. Please return application and documentation to the office by mail, email, or in person.**