

Carman Viar
Bland County Commissioner of Revenue
P O Box 130
Bland, VA 24315
276-688-4291

Age Credit _____

Notes:



**Tax Year
Parcel #
Acct #
MH #**

REAL ESTATE TAX EXEMPTION AFFIDAVIT

This form must be filled out and signed between February 1 and April 30.
Please read Requirements for exemption of real estate taxes to see if you qualify.

Name of person or persons holding title of the property for exemption is claimed:

Date of Birth: _____

Address: _____
Home Phone# _____ Cell Phone# _____
Email Address _____

Is this dwelling occupied by the applicant? Yes _____ No _____

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

Name of other persons occupying the same dwelling.

Relation _____ Age _____ SS# _____
Relation _____ Age _____ SS# _____

Location/911 Address

	<u>Owner</u>	<u>Spouse</u>	<u>Relatives in dwelling</u>
Social Security			
SSI			
Annuities & Pensions			
Interest & Dividends			
Salaries-Wages-Commissions			
Public Assistance-Fuel Assistance,			
Food Stamps			
Rent-Royalties			
Other (Gifts, Capital Gains, Etc)			

LESS -0- -0- \$5,000.00

GRAND TOTAL

	<u>Owner</u>	<u>Spouse</u>	<u>Relatives in dwelling</u>
Cash on hand			
Checking account balance			
Savings account balance			
Certificate of Deposit			
Cash Value Annuities & Life Insurance			
Stocks & Bonds			
Real Estate			
Personal Property			

TOTAL

Less mortgage & other liabilities	
Less value of dwelling & 1 acre	

COMBINED NETWORTH

AMOUNT OF EXEMPTION & BALANCE:

Total taxes on real estate
Total taxes on dwelling & 1 acre

**AMOUNT OF EXEMPTION NOT
TO EXCEED \$200.00**

Balance of real estate taxes

I declare under the penalties provided by law that this affidavit, financial statement and any accompanying schedules, have been examined by me and to the best of my knowledge and belief is a true, correct, and complete affidavit.

Any person or persons falsely claiming an exemption shall be guilty of a misdemeanor and, upon conviction thereof, shall be fined not exceeding \$250.00.

Signature *Date*

Signature *Date*

Notary
Public, Commissioner of Revenue, or Deputy

NOTE: If you filed a Federal Income Tax return last year, please attach a copy.