



**COMMISSIONER OF THE REVENUE
DONNA MATHEWS PEAKE
CLARKE COUNTY VIRGINIA**

P.O. Box 67, Berryville, Virginia 22611
Phone (540)955-5108
email: Jclark@clarkecounty.gov

FILING DEADLINE: JANUARY 1ST THROUGH MAY 1ST
2025 APPLICATION FOR REAL ESTATE TAX EXEMPTION

YOU ARE APPLYING FOR: **ELDERLY** **DISABLED**

Spouse's Name (if applicable) _____ **Parcel ID#** _____

Birthdate: _____ **Phone #** _____

Is this dwelling occupied by the applicant as the sole dwelling? Yes No

Is the applicant the Owner? or Partial Owner

List all other relatives living in the house **other than the spouse**, who occupy the dwelling.

NAME	RELATIONSHIP	AGE

Note: For a person applying under the "disabled" category, a physician's statement that they are permanently and totally disabled and unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or can be expected to last for the duration of such persons life (Code of Virginia 58.1-3217) must be provided.

Alternate Contact (POA or person authorized to speak on your behalf):

Name: Phone #

Please complete the gross income statement below with the income from all sources for the applicant, spouse, and each relative living in the dwelling for the **previous calendar year (2024)**. Any income listed must be accompanied by proper documentation as listed in the respective proof of income column below. ***Please make sure you provide documentation for any income you list on the form for you and each member of the household.***

GROSS INCOME		PROOF OF INCOME	APPLICANT	SPOUSE	RELATIVES
SALARIES/WAGES		W-2, 1099			
PENSIONS/ANNUITIES		1099-R, (1099-RRB)			
SOCIAL SECURITY		S.S. BENEFITS LETTER OR S.S. AWARD LETTER			
INTEREST		1099-INT/OID			
DIVIDENDS		1099-DIV			
RENT(S)		SCHEDULE E			
WELFARE		COLA NOTICE			
CAPITAL GAINS		SCHEDULE D			
TRUST FUND INCOME		SCHEDULE E			
OTHER SOURCES	BUSINESS	<i>FEDERAL RETURNS AND SCHEDULES</i>			
	ALIMONY/ CHILD SUPPORT	<i>FORM 1040</i>			
	IRA DISTRIBUTIONS	<i>1099-R</i>			
		SUB-TOTAL:			
TOTAL:					

QUALIFYING INCOME LEVELS

\$0.00-\$20,000	100%	Relief
\$20,001-\$25,000	80%	Relief
\$25,001-\$30,000	60%	Relief
\$30,001-\$35,000	50%	Relief
\$35,001-\$55,000	10%	Relief

EXEMPTION:

FOR A RELATIVE WHO IS NOT
A SPOUSE - \$8,000.00

Please complete this statement of net financial worth as of **December 31, of previous year (2024)**. This does **not** include the fair market value of the dwelling and up to one acre upon which the dwelling is situated. ***Please make sure you provide documentation for all assets and liabilities you list on the form for EACH member of the household.***

NET VALUE OF ASSETS	PROOF OF ASSETS OR LIABILITIES	APPLICANT	SPOUSE
<i>REAL ESTATE EXCLUDES APPLICANTS RESIDENCE AND 1 ACRE</i>	ASSESSMENT VALUE AS OF 1/01/2025		
AUTOMOBILES, BOATS, TRAILERS, CAMPERS AND MOBILE HOME			
MONEY IN CERTIFICATES & SAVINGS	MOST RECENT ACCOUNT STATEMENTS		
CHECKING/SAVINGS ACCOUNTS			
STOCKS/BONDS			
INSURANCE (CASH VALUE)			
PROPERTY IN TRUST	COPY OF TRUST		
OTHER ASSETS	SPECIFY		
TOTAL ASSETS:			
TOTAL LIABILITIES: (ACCOUNT STATEMENTS OR SPECIFY)			
TOTAL NEW FINANCIAL WORTH:			

TOTAL NET WORTH NOT TO EXCEED: \$250,000
(INCLUDES ALL ASSETS EXCEPT HOUSE AND ONE ACRE OF LAND)

Please note: Incomplete forms or forms missing proper proof of income, assets and/or liabilities will be denied. If you have any questions or need help completing your paperwork, please call our office at (540) 955-5108.

Signature of Applicant: _____ Date: _____

**COMMISSIONER OF THE REVENUE
DONNA MATHEWS PEAKE
CLARKE COUNTY VIRGINIA
P.O. Box 67
Berryville, Virginia 22611
#(540)955-5108
email: JClark@clarkecounty.gov**

Check List for Relief to the Elderly & Disabled Program

- 1. List of other real estate owned, other than your home**
- 2. Current Bank Statement (checking & savings if applicable)**
- 3. Power of Attorney (if applicable)**
- 4. Federal/State tax return copies (if you file)**
- 5. Social Security Income Letter**
- 6. Rail Road Retirement Board**
- 7. If Disabled - Physicians Letter**
- 8. A contact number other than your own, in case we need to contact you**

Filing Deadline: Must file a complete signed application with all supporting documentation by May 1st of each year. This is a firm deadline, even if you already receive the tax exemption, YOU MUST FILE A NEW APPLICATION EVERY YEAR.



Clarke County Virginia

Donna Mathews Peake, Commissioner of the Revenue
P.O. Box 67
Berryville, VA 22611
Phone: (540) 955-5108
www.clarkecounty.gov

Applicant's Certification of Qualification

I declare under the penalties provided by law that the information contained in this application for Real Estate Tax Relief for the Elderly or Disabled, including any accompanying schedules or statements are true, correct and complete. I certify that I meet all qualifications listed on page 1 (one) of this application. I understand that I must meet all filing requirements and deadlines.

Date

Signature of Applicant

Spouse (if applicable)

OFFICE USE ONLY

APPLICATION STATUS:

APPROVED

DENIED (REASON) _____