

CITY OF FRANKLIN

COMMISSIONER OF THE REVENUE OFFICE (757) 562-8547 or (757)562-4870
 207 W 2ND AVE, FRANKLIN, VA 23851

2024

TAX RELIEF APPLICATION
 NEW APPLICANTS ONLY

Email: sblacknall@franklinva.com | fax (757) 569-0964

You must reapply every year. Applications MUST be filed by August 1, 2024.

REQUIRED DOCUMENTATION

The following documentation must be included with this application and may be submitted to the Deputy Commissioner via mail, email or fax.

- A copy of the 2023 Federal Form 1040 for all applicants and any relatives occupying the residence.
- For totally and permanently disabled: a statement from the Veterans Administration, Social Security Administration or Railroad Retirement Board stating that the applicant's disability is **100%, total, and permanent.**
- After a preliminary review, you will be contacted by our office to show government issued identification in person that includes the applicant's photograph and address (a VA-issued driver's license qualifies).

TAX RELIEF INFORMATION

Check which one applies:

65 years or older

Totally and permanently disabled

APPLICANT(S) INFORMATION	
Applicant	Co-Applicant
Name	Name
Mailing Address	
City, State & ZIP	Relationship to Applicant
Birthdate	Birthdate
Social Security Number	Social Security Number
Phone Number	
Email address	

HOUSEHOLD INFORMATION

List the information of all persons related to the applicant who occupy the same residence.

Name	Relation	Age	SSN

REAL ESTATE INFORMATION

Address of Primary Residence:

Is this residence occupied by the applicant as the sole dwelling?

Yes

No

Do you own any other real property?

Yes

No

If yes, please provide the property's complete address:

What is the property's estimated fair market value?
Please provide a copy of the property's most recent real estate assessment.

Is the Applicant?

Owner

Partial Owner

If partial ownership, explain how the ownership is legally held and the portion of applicant's interest:

NET FINANCIAL WORTH AS OF DECEMBER 31, 2023

Net financial worth is computed by adding up assets. Do not include the value of the house on which you are seeking relief. **(PROVIDE COPIES OF STATEMENTS)**

NET VALUE OF ASSETS	APPLICANT	SPOUSE	TOTAL
Personal Property (vehicles)			
Savings Account(s)			
Checking Account(s)			
Stocks and Bonds			
IRA(s)			
Other Real Estate			
Other Assets/CDs			
Total Assets			
Net Financial Worth			

TOTAL INCOME FOR CALENDAR YEAR 2023

Include the total income from all sources of the applicant, spouse and all persons related to the applicant living in the residence. Capital gains are any gains from the sale of an asset whether or not it was taxable.

Total Income (Before deductions)	DOCUMENTATION REQUIRED	APPLICANT	SPOUSE	RELATIVES OTHER THAN SPOUSE	TOTAL
Salaries & Wages	(W-2, 1099)				
Pensions	(1099)				
All Social Security Income	(1099-SSA)				
Disability Income	(1099)				
Interest & Dividends	(1099-INT/OID) & (1099-DIV)				
Welfare & Gifts	(PROOF OF BENEFITS)				
Capital Gains	(COMPLETE FED RETURN)				
IRA Distributions	(1099-R)				
Other Income					

Next Two Lines For Office Use Only

Deduction				
Total Income				

AFFIDAVIT

Complete the following section.

I, _____ and _____
do swear or affirm that the statements and figures contained in this application are true, full, and correct to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which the affidavit is filed that will result in exceeding or violating the limitations and conditions provided by Chapter 27-59 of the City of Franklin, Virginia Code, shall disqualify me (us) for the current taxable year and the next taxable year.

Owner's Signature_____
Date_____
Co-owner's Signature_____
Date**OFFICE USE ONLY**

Over 65 or disabled confirmed?	Initials	Date
Tax Return Reviewed?	Initials	Date
NET WORTH:		
TOTAL INCOME:		
RP/ACREAGE:	RP	ACRES
STATUS:	<input type="checkbox"/> APPROVED	<input type="checkbox"/> NOT APPROVED
PERCENTAGE OF RELIEF:		
AMOUNT OF RELIEF:		