



County of Albemarle
DEPARTMENT OF FINANCE AND BUDGET
OFFICE OF REVENUE ADMINISTRATION

BUSINESS & PERSONAL TAX UNIT

Tax@Albemarle.org
 Tel: 434-296-5852
 800-828-1120 TTY
 Fax: 434-243-7906

2026 REAL ESTATE TAX RELIEF APPLICATION

Please complete all information on all pages, respond with "None," "N/A," or "0" if an item does not apply.

APPLICATION TYPE (SELECT ONE)

- RENEWAL (SUBMIT BY APRIL 1) NEW APPLICANT (SUBMIT BY NOVEMBER 2)

ELIGIBILITY (SELECT ONE)

- I or my spouse was 65 years of age on December 31 of the immediately preceding year.
 I or my spouse was permanently and totally disabled on December 31 of the preceding year. Disability date: _____
 I affirm that the property in which I am seeking tax relief is not the principal or operating address of a reportable business that requires a Business License in the County of Albemarle.

PROPERTY INFORMATION

Property Owner Name:	
Parcel Address:	
Parcel Number:	

Title of property **must** be held or partially held by the person(s) applying for relief on January 1st of the taxable year.

APPLICANT(S) INFORMATION

Applicant:		Date of Birth:	
SSN:		Email:	
Mailing Address:			

Is this residence occupied as sole dwelling by the applicant? YES NO

Spouse/Co-Applicant:		Date of Birth:	
SSN:		Email:	
		Telephone:	

If spouse or co-owner is deceased, provide date of death: _____

Do other persons live at the residence? YES NO

IF yes, list the name, relation, date of birth, and social security number of all relatives/individuals who occupy the residence.

Name	Relationship of Applicant	Date of Birth	Social Security Number

GROSS INCOME - TOTAL COMBINED INCOME CANNOT EXCEED \$100,650

Please complete the gross income statement based on financial information from the immediately preceding calendar year. Included total gross income from all sources of the applicant, spouse, co-owners and their spouse(s), and all others living in the residence.

GROSS INCOME	APPLICANT	SPOUSE/CO-OWNER LIVING IN RESIDENCE	OTHERS LIVING IN RESIDENCE
Wages, Salary			
Taxable Interest/Dividends			
Alimony Received			
Business Income			
Capital Gains or (Loss)			
Social Security/Railroad/Veterans			
IRA Distributions/Pension/Annuity			
Rents Received/Royalties/ Trust, etc.			
Unemployment Compensation			
Other (List Type & Amount)			
Deduct \$7,500 of disabled applicant's (or disabled spouse's) income (under 65 years old)	()	()	
Deduct \$6,500 of income of each relative living in residence			()
TOTAL INCOME			
TOTAL COMBINED INCOME			

ASSETS/NET WORTH – COMBINED FINANCIAL NET WORTH CANNOT EXCEED \$321,000

Please complete the statement of net worth of the applicant, spouse, co-owner(s), and their spouse(s) as of December 31 of the immediately preceding year.

NET VALUE OF ASSETS AS OF DECEMBER 31 ST	APPLICANT	SPOUSE/CO-OWNER LIVING IN RESIDENCE	SPOUSE OF CO-OWNER
Real Estate in Albemarle County			
Real Estate not in Albemarle County			
Personal Property (Autos, etc.)			
Checking Account(s)			
Certificates, Savings, Stocks, & Bonds			
Retirement Accounts, IRA's, etc.			
Other Assets (Investments, etc.)			
Less Value of residence & up to 10 acres which it is situated	()		
ASSETS SUB-TOTAL			
Less Charge Card/Personal Loan Liability	()	()	()
Less Other Debt Liability	()	()	()
COMBINED FINANCIAL NET WORTH			
TOTAL COMBINED NET WORTH			

REQUIRED SUPPORTING DOCUMENTATION (SELECT ALL SUBMITTED WITH APPLICATION)

Are you required to file a Federal Income Tax Return for the immediately preceding year? YES NO

IF yes, you MUST provide a copy of your Federal Income Tax Return.

Is this property held in a trust? YES NO If yes, you must provide a copy of the Trust or Life Estate documents.

First-Time Applicants MUST Provide:

- Proof of Age** a copy of Driver's License or Birth Certificate.
- Disability Certification** from Social Security Administration, Railroad Retirement Board, or Veteran Affairs OR **Signed Affidavit** by two licensed Virginia medical doctors IF applicant is permanently and totally disabled.
- Death Certificate** IF spouse/property co-owner is deceased.

Renewals MUST Provide:

- Death Certificate** IF spouse/property co-owner died since previous application.

ALL Applicants MUST Provide:

- Proof of Income from All Sources:** W-2, SSA-1099, 1099s, Schedule C, Schedule D, Schedule E/K and other income of applicant, spouse, and co-owner(s).
- Value of Assets:** Assessments of all real estate owned and December 31st statements for all bank accounts and investments accounts of applicant, spouse, co-owner(s) and their spouse(s).
- Liabilities:** December 31st documents verifying liability balances of applicant, spouse, co-owner(s), etc.

APPOINT REPRESENTATIVE TO ASSIST WITH APPLICATION, DOCUMENTATION, AND SUBMISSION (Optional)

Representative's Name: _____ Relation: _____

Telephone: _____ Email: _____

SIGNATURE

I, the undersigned applicant, affirm the foregoing amounts and statements are true, complete, and correct to the best of my knowledge, I am the owner of the subject property, and I occupy it as my sole residence.

Applicant Signature: _____ Date: _____

Submit your completed application and supporting documentation via email to Tax@Albemarle.org or mail to County of Albemarle, 401 McIntire Rd, Suite 133, Charlottesville VA 22902, or fax to (434) 243-7906. **Submission of an incomplete application or missing required documentation may result in denial of your application.**

OFFICE USE ONLY			
Application Date:		Received by:	
Percentage Relief:		Denial Reason:	
		Submission Method:	
		Approved/Denied by:	