

Heather Oliver, Town Clerk

Town of Colonial Beach

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Colonial Beach, VA 22443

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Application

For Senior Citizen Water and Sewer Discount
And Real Estate Tax Exemption
For Fiscal Year 2020

Eligibility Requirements

1. Applicants must be 65 years or older **OR** deemed permanently and totally disabled under Code of Virginia, Section 58.1-3506.5(D).
2. Applicants must be full time residents of the Town of Colonial Beach.
3. Applicants must own and reside in the house for which the discount is applied.
4. Applicant's annual income must not exceed \$22,500 per household if single or \$32,000 per household if married.
5. Applicant's assets, including, but not limited to, real estate, vehicle, bank accounts, stocks, bonds, etc., must have a combined value of less than \$100,000. Applicants home is exempt.
6. Application must be received in the Town Clerk's Office by April 15, 2020 no later than 4:30 pm the close of business. ***If your application is received after the due date then your application will not be reviewed again until the December Real Estate Taxes are due.***
7. Applicant's current real estate tax amount, utility account and personal property tax payment must be current with no outstanding balance due and owing

IF YOU MEET the eligibility requirements listed above, you must complete the Verification Worksheet and sign the documents before a **Notary Public**.

Bring all documentation to the Town Clerk's Office before April 15, 2020. The Town Clerk will verify your documentation and approve as appropriate.

TOWN OF COLONIAL BEACH
COMBINED INCOME AND ASSET STATEMENT WORKSHEET



Name of Home Owner _____ Date of Birth _____

Name of Spouse _____ Date of Birth _____

Name of Relative _____ Date of Birth _____

Owner	Spouse	Relative	
\$ _____	\$ _____	\$ _____	Social Security
\$ _____	\$ _____	\$ _____	Wages, salaries, bonuses
\$ _____	\$ _____	\$ _____	Earnings from investments
\$ _____	\$ _____	\$ _____	Interest from stocks etc.....
\$ _____	\$ _____	\$ _____	Tips and gratuities
\$ _____	\$ _____	\$ _____	Civil Service pensions
\$ _____	\$ _____	\$ _____	Retirement compensations
\$ _____	\$ _____	\$ _____	Rents from property
\$ _____	\$ _____	\$ _____	Profit from sale/ Real Estate
\$ _____	\$ _____	\$ _____	Veteran family benefits
\$ _____	\$ _____	\$ _____	Inheritances, gifts, etc.....
\$ _____	\$ _____	\$ _____	State, county retirement
\$ _____	\$ _____	\$ _____	City, town, retirement
\$ _____	\$ _____	\$ _____	Alimony
\$ _____	\$ _____	\$ _____	Trust fund
\$ _____	\$ _____	\$ _____	Your share of an estate sale
\$ _____	\$ _____	\$ _____	Social Service benefit---fuel
\$ _____	\$ _____	\$ _____	Social Service benefit---food
\$ _____	\$ _____	\$ _____	Workmen’s Compensation
\$ _____	\$ _____	\$ _____	Welfare
\$ _____	\$ _____	\$ _____	Life Insurance benefits
\$ _____	\$ _____	\$ _____	ANY OTHER INCOME
\$ _____	\$ _____	\$ _____	TOTAL COMBINED INCOME
\$ _____	\$ _____	\$ _____	VALUE OF ASSETS

I, the undersigned declare this to be a true and accurate statement of my total income during the immediately preceding calendar year from all sources.

Signature of Applicant _____ **Date** _____

Town of Colonial Beach



Real Estate Tax Exemption Certification

Tax Relief for the Elderly and Disabled

Name _____ Social Security # _____

Name of Spouse _____ Social Security # _____

Name of Relative _____ Social Security # _____

Address _____ Telephone _____

_____ Years at Address _____

PLEASE

Please list the NET TOTAL amount of combined income received in the preceding year to attached worksheet, **OR A COPY OF YOUR TAX RETURN FROM THE IRS FROM THE PIOR YEAR.**

YOUR INCOME\$ _____ SPOUSE INCOME\$ _____ RELATIVE INCOME\$ _____

Does your total combine net worth exceed \$ 100,000 ___ YES ___ NO

Your net worth includes all real estate, EXCEPT your house and house site not to exceed one acre, all savings, checking accounts, stocks/bonds, personal property and all other assets, *including other real estate.*

DID YOU SELL, TRANSFER OR PURCHASE ANY REAL ESTATE IN THE PRECEEDING YEAR? YES ___ NO ___

This is an affidavit to certify your eligibility for the tax year _____. Any person or persons claiming tax relief for the elderly and disabled shall file a complete form every year with the Town Clerk of the Town of Colonial Beach. Please have a copy of your prior Tax Returns from the IRS.

Signature _____ Date _____

Signature _____ Date _____



TOWN OF COLONIAL BEACH

STATE OF VIRGINIA

THIS IS TO CERTIFY that I understand I must file annually, that I have listed the names of all relatives occupying my sole domicile, that the total combined net worth and the total combined income from all sources does not exceed the limits as specified by the Town of Colonial Beach Ordinance and that changes with respect to income, financial worth, ownership of property or other factors occurring during the taxable year for which this affidavit is being filed may nullify any exemption for the current year and the taxable year immediately following and that a material misstatement to obtain tax relief shall be punished as a misdemeanor.

OATH – I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

Signature of Applicant _____

Printed Name _____

Sworn/Affirmed before me
This _____ day of _____, 20_____

Signature of a notary public or other officer
Administering oath.

My Commission Expires: _____



TOWN OF COLONIAL BEACH

AUTHORIZATION FOR INVESTIGATION

I hereby give my consent and permission to any governmental agency, corporation, financial institution, retirement system or other source of income, to release to the Town Clerk of the Town of Colonial Beach, Virginia any information he/she may request for the purpose of ascertaining my eligibility for relief under the Real Estate Tax Exemption Ordinance of the Town of Colonial Beach, Virginia.

Signature _____

Address _____

Witness (if signed by mark) Date _____

Name, relationship, address if person/persons giving information other than land owner.

Name _____

Relation _____

Address _____

Telephone or cell Number _____

