



# MADISON COUNTY

OFFICE OF THE COMMISSIONER OF THE REVENUE  
P.O. Box 56 ~ Madison, Virginia 22727  
(540) 948-4421 ~ Fax: (540) 948-6732  
[www.madisonco.virginia.gov](http://www.madisonco.virginia.gov)

BRIAN L. DANIEL  
COMMISSIONER

## Application for Real Estate Tax Deferral For Elderly and Handicapped Persons

### **DIRECTIONS**

- Review Requirements:** **This deferral is annual; a new application is required each year by April 1 of the tax year.** Late applications may be denied. See Page 4 for all deferral requirements.
- Complete Thoroughly:** Fill out all applicable sections. If more space is needed, additional pages may be attached to this application. Include required documents where they are applicable (e.g., bank and Social Security statements from the prior December).
- Confidentiality:** All submitted information is confidential and shared only with the applicant, spouse, legal representatives, and the Commissioner of the Revenue's office.
- Mortgage Lender Notice:** It is the applicant's responsibility to confirm their mortgage lender accepts Madison County's Real Estate Tax Deferral. The County is not liable for lenders who do not recognize this deferral program.
- E-Mail Disclosure:** By providing a valid e-mail address, you agree to receive electronic communications from Madison County regarding this application. Unless otherwise provided by law, your e-mail will not be disclosed for any other purpose and is regarded as confidential.
- Privacy Act Notice:** Disclosure of your Social Security number on this form is mandatory, as authorized by Virginia State Code [§58.1-3017](#). Social Security numbers are regarded as confidential, and except as otherwise provided by law, will not be disclosed for any other purpose.
- Questions & Submission:** Contact the Commissioner of the Revenue's office with questions. Submit the completed application, including all applicable required documents before April 1 of the tax year, to the Commissioner of the Revenue's office using one of the methods below:  
A. **MAIL:** PO Box 56, Madison, VA 22727  
B. **OFFICE:** 410 N Main St, Madison, VA 22727  
C. **SECURE DROP BOX:** 410 N Main St, Madison, VA 22727  
D. **FAX:** 540-948-6732

### ***Start of Application Questions***

#### **APPLICANT INFORMATION**

Applicant's Full Name: *Last, First, Middle*

Applicant's Social Security Number:

Applicant's Date of Birth:

Spouse's Full Name: *Last, First, Middle*

Spouse's Social Security Number:

Spouse's Date of Birth:

Residence Address: *Street, City, State, Zip*

Mailing Address (*if different from Residence*):

Primary Phone Number:

Primary E-Mail:

Does our office have permission from the Applicant to speak with someone else (relative, etc.) regarding this Application?

YES – Provide their information below.

NO

Alternate Contact's Full Name:

Alternate Contact's Relation to Applicant/Spouse:

Alternate Contact's Phone Number:

Alternate Contact's E-Mail:

#### **REAL PROPERTY INFORMATION**

Real Estate Owner(s) as appearing on tax bills/statements (*if different from Applicant or Spouse*):

Tax Map/Parcel Number (*leave blank if unknown*):

**THIS BOX FOR OFFICE USE ONLY, DO NOT WRITE IN THIS SPACE.**

**TAX YEAR:**

**VALUE OF QUALIFYING REAL PROPERTY: \$**

**DATE RECEIVED:**

**CURRENT YEAR TAX DUE: \$**

**AMOUNT OF RELIEF GRANTED: \$**

**BALANCE TO BE PAID BY TAXPAYER: \$**

**NOTES/COMMENTS:**



For questions 1-3, clearly mark your answer.

1. Is the Applicant:  ELDERLY  HANDICAPPED - See Requirement #3 on Page 4.

2. Is the dwelling at the Residence addressed on the previous page occupied by the Applicant as their sole dwelling?  YES  NO - Please state the address below.

➤ *Residing Address (if different from Residence on previous page):*

3. Does the Applicant own the Real Estate solely?  SOLE OWNER  PARTIAL OWNER- Explain below.

➤ *If Partial Owner, explain the legal ownership and the portion owned by the Applicant:*

4. List in the chart below the full name, relation, age, and social security number of all household members who occupy the dwelling at the Residence. Attach a separate list for larger households. Do not list household members with no income. Leave blank if there are no household members to list.

	FULL NAME	RELATION TO OWNER	AGE (years)	SOCIAL SECURITY NUMBER
HOUSEHOLD MEMBER 1				
HOUSEHOLD MEMBER 2				
HOUSEHOLD MEMBER 3				

5. Complete the **Gross Income Schedule** using exact amounts as of December 31 of the year prior to the current tax year. Include all sources of gross income for the Applicant, Spouse, and all other household members. Attach supporting documentation as applicable (e.g., bank statements, W-9s, Social Security statements).

GROSS INCOME SCHEUDLE	APPLICANT	SPOUSE	HOUSEHOLD MEMBER 1	HOUSEHOLD MEMBER 2	HOUSEHOLD MEMBER 3
SALARIES, WAGES, ETC.	\$	\$	\$	\$	\$
PENSIONS OR RETIREMENT	\$	\$	\$	\$	\$
SOCIAL SECURITY	\$	\$	\$	\$	\$
INDIVIDUAL RETIREMENT ACCOUNT (IRA)	\$	\$	\$	\$	\$
SUPPLEMENTAL SECURITY INCOME (SSI)	\$	\$	\$	\$	\$
INTEREST	\$	\$	\$	\$	\$
DIVIDENDS	\$	\$	\$	\$	\$
RENT INCOME	\$	\$	\$	\$	\$
PUBLIC ASSISTANCE	\$	\$	\$	\$	\$
CAPITAL GAINS	\$	\$	\$	\$	\$
TRUST FUND INCOME	\$	\$	\$	\$	\$
OTHER INCOME: GIFTS, LOTTERY	\$	\$	\$	\$	\$
<b>TOTAL GROSS INCOME PER COLUMN:</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>	<b>\$</b>

**TOTAL COMBINED GROSS INCOME** (Add column totals together): \$ \_\_\_\_\_*If the Total Combined Gross Income is over \$30,000.00 – no deferral will be granted for the year being applied for.*



6. Complete the **Financial Net Worth Schedule** using exact amounts as of December 31 of the year prior to the current tax year. Include all assets, equitable interests, and liabilities of the Property Owner/Applicant and Spouse. Attach supporting documentation as applicable (e.g., *locality tax bills, bank statements, loan statements*). Local real estate and vehicle values can be found on tax bills or by contacting the Commissioner of the Revenue's office.

### FINANCIAL NET WORTH SCHEDULE

<b>ASSETS</b>	<b>APPLICANT</b>	<b>SPOUSE</b>	<i>Net financial worth is calculated by subtracting Liabilities (dollar amounts owed: debts, loans, etc.) from Assets (value of items owned: vehicles, savings, etc.).  <b>Assets – Liabilities = Net Worth</b></i>		
REAL ESTATE (VALUE OF ALL LAND OVER 3 ACRES AND/OR OTHER DWELLINGS)	\$	\$			
AUTOMOBILES (FAIR MARKET VALUE)	\$	\$			
MACHINERY & EQUIPMENT	\$	\$			
LIVESTOCK	\$	\$			
CHECKINGS & SAVINGS	\$	\$	<b>LIABILITIES</b>	<b>APPLICANT</b>	<b>SPOUSE</b>
CERTIFICATES OF DEPOSIT	\$	\$	NOTES PAYABLE	\$	\$
STOCKS & BONDS	\$	\$	ACCOUNTS PAYABLE	\$	\$
LIFE INSURANCE AND ANNUITY (CASH VALUE)	\$	\$	MORTGAGES PAYABLE (OTHER THAN THE PRIMARY RESIDENCE AND UP TO 3 ACRES)	\$	\$
PROPERTY IN TRUST	\$	\$	TAXES DUE (FEDERAL; STATE; LOCAL)	\$	\$
OTHER ASSETS: _____	\$	\$	OTHER DEBTS: _____	\$	\$
<b>TOTAL VALUE OF ALL ASSETS:</b> <i>Should be a positive number.</i>	\$ <b>box A</b>	\$ <b>box B</b>	<b>TOTAL VALUE OF ALL LIABILITIES:</b> <i>May be a negative number or zero.</i>	\$ <b>box C</b>	\$ <b>box D</b>
	APPLICANT		SPOUSE		
<b>TOTAL NET WORTH:</b>	\$ <b>box E</b> ( <i>add boxes A &amp; C</i> )		\$ <b>box F</b> ( <i>add boxes B &amp; D</i> )		

**FINANCIAL NET WORTH OF APPLICANT & SPOUSE (add boxes E & F): \$ \_\_\_\_\_**

*If the Financial Net Worth is over \$75,000.00, no deferral will be granted for the year being applied for.*

### DECLARATION OF FACTS

I/WE, THE UNDERSIGNED, REQUEST REAL ESTATE TAX DEFERRAL FOR THE CURRENT TAX YEAR AND DECLARE UNDER PENALTIES PROVIDED BY LAW THAT THIS APPLICATION, ALONG WITH ALL ACCOMPANYING SCHEDULES AND STATEMENTS, HAVE BEEN FULLY EXAMINED BY ME/US AND TO THE BEST OF MY/OUR KNOWLEDGE AND BELIEF TO BE TRUE, CORRECT, AND COMPLETE. I/WE UNDERSTAND THAT UPON NON-QUALIFICATION, DEFERRED REAL ESTATE TAXES WILL BECOME DUE IN ACCORDANCE WITH THE ROLL-BACK GUIDELINES DESCRIBED ON PAGE FOUR OF THIS APPLICATION.

Signature of Applicant	Date	Signature of Spouse	Date
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Signature of Preparer	Full Name of Preparer	Date
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Preparer's Relation to Applicant and/or Spouse: \_\_\_\_\_  
*Attach documentation to this Application providing authority of the Preparer (POA, Guardian, etc.) for the Applicant and/or Spouse.*

**End of Application Questions**



## REQUIREMENTS FOR DEFERRAL

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1. The title of the property for which the deferral is claimed MUST be held or partially held as of January 1<sup>st</sup> of the taxable year by the person or persons claiming the deferral.
2. The person or persons claiming the deferral MUST be sixty-five (65) years of age or older or permanently and totally disabled as of December thirty-first (31<sup>st</sup>) of the year immediately preceding the taxable year applied for. A dwelling jointly held by a husband and wife may qualify if either spouse is sixty-five (65) years of age or older or permanently and totally disabled.
3. Handicapped applicants under sixty-five (65) years of age must attach a certification by the Veterans Administration or the Railroad Retirement Board. If the taxpayer is not eligible for certification by any of these agencies, a sworn affidavit by two (2) medical doctors licensed to practice medicine in the state that the taxpayer is permanently and totally disabled must be attached to this application.
4. The dwelling on the property for which the deferral is claimed MUST be occupied as the sole dwelling of the person or persons claiming the deferral.
5. The total combined gross income during the immediately preceding calendar year from all sources of owners of the dwelling living therein, and the owner's relatives living in the dwelling, shall NOT exceed thirty thousand dollars (\$30,000.00).
6. The gross combined financial worth, including equitable interests, as of December thirty-first (31<sup>st</sup>) of the immediately preceding calendar year of the owner and of the spouse of any owner, excluding the value of the dwelling and the land, not exceeding three (3) acres upon which it is situated, shall NOT exceed seventy-five thousand dollars (\$75,000.00).
7. Annually, and not later than April first (1<sup>st</sup>) of the taxable year, the person or persons claiming this deferral must file a Real Estate Tax Deferral Application with the Commissioner of Revenue. Applications may be mailed to P.O. Box 56, Madison, Virginia 22727, hand-delivered to the office at 410 N Main St, Madison, Virginia, 22727, or faxed to (540)948-6732.

## ROLL-BACK OF DEFERRAL

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- A. If a taxpayer who elects deferral of tax under this ordinance **ceases to qualify** for deferral, such taxpayer shall pay to Madison County, Virginia, as a roll-back of such deferral, an amount equal to the sum of deferred tax for the most recent past tax years not to exceed five (5) past tax years. *Such roll-back shall be paid prior to the time real estate tax payment is due for the year the taxpayer ceases to qualify.*
- B. If a taxpayer who elects deferral of tax under this ordinance **sells** his/her residential real estate, such taxpayer shall pay to Madison County, Virginia, as a roll-back of such deferral, an amount equal to the sum of deferred tax for the most recent past tax years not to exceed five (5) past tax years. *Such roll-back shall be paid at the time of sale.*
- C. If a taxpayer who elects deferral of tax under this ordinance **dies** and his/her real estate is not thereafter owned by the taxpayer who elected deferral of tax under this ordinance, the estate of the deceased taxpayer or the successor to title of the deceased taxpayer's residential real estate shall pay to Madison County, Virginia, as a roll-back of such deferral, an amount equal to the sum of deferred tax for the most recent past tax years not to exceed five (5) past tax years. *Such roll-back shall be paid within one (1) year after the death of said taxpayer.*