

County of Sussex, VA Ellen G. Boone Commissioner of the Revenue

2025 Real Estate Tax Relief Application

APPLICANT (PROPERTY OWNER) INFORMATION

Last Name	First Name		Middle Na	me	
Date of Birth (mm/dd/yy)	Social Security 1	Number	Telephone	Numbe	•
SPOUSE (CO-OWNERS) INFOR	RMATION		1		
Last Name	First Name		Middle Na	me	
Date of Birth (mm/dd/yy)	Social Security I	Number	Telephone	Number	•
Name under which property or spouse's name.	is listed and o	appears on ta	x bill, if differ	ent fro	om applicant
Last Name	First Name		Middle Na	me	
Property/Residence Address Street Address		City		State	Zip Code
Mailing address if it is differen	t from the Pro	perty Address	5		
Street Address		City		State	Zip Code
Property Description (Refer to	your Tax Bill)				
Account Number	Map Number		District/Tov	/n	
Land Area – Acreage or Square Feet	Real Estate Asse	essment	Mobile Hor	ne Asse	ssment
Power of Attorney/Alternate	Contact				
Name		Phone Number	'S		

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١.	Is this residence	occupied by	the ap	plicant as	the sole	dwelling?	Yes

No

Is the applicant? Owner Partial Owner				
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	/	is the applicants	Owner	Pamai Owner

If partial ownership, explain how the ownership is legally held and the portion owned by the applicant.

3. List the names, relation, ages, and social security numbers of all persons related to the applicant who occupies the above residence.

Name	Relation	Age	Social Security Number

4. Please complete this gross income statement for the preceding calendar year. Included in this statement should be the total gross income from all sources of the applicant and all persons related to applicant living in the above.

Gross Income	Applicant	Spouse	Relatives living in Residence
Gross Earnings			
Pensions			
Social Security			
Interest			
Dividends			
Rents			
Welfare			
Gifts			
Capital Gains			
Other			
Totals			
Total Gross Income			

5.	Please complete this statement of net financial worth as of December 31. Net
	financial worth is computed by subtracting liabilities from assets. Included in this
	statement should be the net financial worth including equitable interest of the
	applicant and spouse. Exclude the value of the applicant's residence and up to
	one (1) acre of land upon which the residence is situated.

Bonds				
Insurance (cash value)				
TOTAL				
TOTAL COMBINED NET WORTH OF APPLICANT/SPOUSE/RELATIVES				
_	JSE/RELATIVES			

NOTE: The false claiming of information in this application shall constitute a misdemeanor; any person convicted of such misdemeanor may be punished by a fine not exceeding five hundred dollars (\$500.00).

	AFFIDAVIT
oath state the foregoing statements are t understand that any factors occurring dur	OF legal age, having first sworn and on my rue and accurate to the best of my knowledge and belief, and ling the taxable year for which this affidavit is filed that have the tions and conditions provided by the Tax of the County of Susseme current taxable year.
I have read the foregoing affidavit and s belief.	wear that its contents are true to the best of my knowledge and
APPLICANT(S) SIGNATURE	DATE
and state aforesaid who being first duly	personally appeared before me in my county sworn by me acknowledged the signature to the foregoing a the information and belief the said statements are true and
Subscribed and sworn to before me the uday of, 2025.	ndersigned Notary Public in my county and state aforesaid the
My commission expires	Notary Public