

APPLICATION FOR APPEAL PURSUANT TO CITY CODE § 78-51

Date _____

APPLICANT INFORMATION:

Name _____
(Last Name) (First Name) (Middle Initial)

Mailing Address _____

Email Address _____

Telephone: Home _____ Work _____ Cell _____

Address of property to be exempt: _____

Is the property a single family home? ___ Yes ___ No

Is the property owner occupied? ___ Yes ___ No

I am requesting a variance from: ___ Water connection ___ Sewer connection

Name (if different from applicant) _____
(Last Name) (First Name) (Middle Initial)

Address _____

Telephone: Home _____ Work _____ Cell _____

Age _____ Sex _____ Education _____ (Highest grade completed)

Married _____ Separated _____ Divorced _____ Widowed _____

Additional Owner

Name _____
 (Last Name) (First Name) (Middle Initial)

Age _____ Sex _____ Education _____ (Highest grade completed)

Address _____

Telephone: Home _____ Work _____ Cell _____

Married _____ Separated _____ Divorced _____ Widowed _____

List all persons living with you and their relationship to you:

NAME	RELATIONSHIP TO YOU, IF ANY.	DO THEY RECEIVE PUBLIC ASSISTANCE?	
		Yes	No

Are you financially supporting anyone else residing with you? Yes _____ No _____
 (If yes, please provide the information requested below.)

Name	Age	Address	Relationship	Amount of Support

Do you currently pay for assistance to you or another member of your family residing with you that is ill or disabled? Yes ____ No ____ If yes, describe the assistance given, by whom, and the monthly cost for the services?

Are you or anyone residing in the residence employed? Yes _____ No _____
 (If yes, please provide the information requested below.)

Name of person employed _____

Name of Employer(s) _____

Address of Employer(s) _____

Kind of Work _____ Full Time _____ Part Time _____

Wages before deduction \$ _____ per _____ (Day, Week, Month)

Tips \$ _____, (Day, Week, Month).

Average gross monthly pay before deduction \$ _____

*Please attach additional pages for information as necessary.

If any person listed above is temporarily not working, list below the name of the worker, date stopped working and date he or she expects to return to work.

Name	Date Stopped Work	Date Expects to Return

List all income received by you, your spouse, or anyone residing in the residence:

Money From	Amount Monthly	For Whom
Social Security		
Retirement		
Pension		
Miner's Pension (money from mines)		
Veterans Benefits		
Workmen's Compensation		
Unemployment Compensation		
Service Allotments		
Support Payments from Court		
Other Support Payments		
Money from Relatives & Friends		
Sick Benefits		
Other Income (specify)		

If you, your spouse or anyone residing in the residence have any of the following types of income, please provide the following information:

Crops: Total income last year \$ _____

Livestock: Total income last year \$ _____

Home business: Total income last year \$ _____

If you have income from any property (land, buildings, apartments, rooms, boarders) please provide the following information:

Income from land, homes or apartments: \$ _____

Roomers: Total rent received: \$ _____ (weekly or monthly)

Number of roomers: _____. Number of bedrooms rented: _____.

Number of these rooms shared with a member of family: _____

Boarders: Total board money received: \$ _____ (weekly or monthly)

Number of boarders (include also people who both room and board with you): _____

OTHER RESOURCES: Please provide the following information for you, your spouse or any other persons living in the residence.

Does anyone residing in the residence own, or have part ownership, in this or any other property?

Yes ___ No ___ (If yes, please provide supporting documentation)

Is the property subject to this exemption, currently mortgaged () or paid for ()?

Does anyone residing in the residence have cash savings? Yes ___ No ___

If yes, what amount \$ _____

Does anyone residing in the residence have money in bank (checking, savings, certificates, etc.)?
Yes ___ No ___

If yes, how much \$ _____ Give name of bank and location below:

Does anyone residing in the residence have stocks or bonds? Yes ___ No ___ If yes, give value: \$ _____

Does anyone residing in the residence own machinery, tools or equipment for farming or other kind of work: Yes ___ No ___

If yes, list type and value:

Does anyone residing in the residence own, or have use of automobile(s) or truck(s)?
Yes ___ No ___ If yes, please provide the following information:
Make _____, year _____, type of vehicle _____.

Has anyone residing in the residence sold, traded or given away cash, stocks, bonds, or any other personal or real property in the last six months? Yes ___ No ___
If yes, please provide a description of the item, value and to whom.

Did you complete this application yourself? Yes ____ No ____ If no, please provide the name and address of the person who completed this application:

All supporting documents for the information requested above including but not limited to household income and net worth must be presented with your application at the time of filing. Additional documents may also be required. *Examples* of supporting documents are listed below. Use this as a checklist of documents you

A) HOUSEHOLD INCOME: What income was received last year by you, your spouse, other owners of the home and others living in the home?

Yes No

- | | | |
|--------------------------|--------------------------|------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Wages or Salary (Federal Income Tax Return, W-2 forms, 1099 forms) |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security Income (form SSA-1099) |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability Income from Social Security, Workman's Compensation, etc. (forms SSA-1099, W-2, 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Income (form 1099-G) |
| <input type="checkbox"/> | <input type="checkbox"/> | Railroad Retirement Income or Disability Income (form 1099-RRB) |
| <input type="checkbox"/> | <input type="checkbox"/> | Distributions from IRA, 401-K, etc. (form 1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | Civil Service, Virginia Retirement System (VRS), Pensions (1099-R) |
| <input type="checkbox"/> | <input type="checkbox"/> | Interest/Dividends (ALL Year-End statements from bank, credit union, etc., forms 1099-INT, 1099-DIV) |
| <input type="checkbox"/> | <input type="checkbox"/> | Business/Self-Employment Income (Schedule C of Income Tax Return) |
| <input type="checkbox"/> | <input type="checkbox"/> | Rental Income - rental property or room and board (Schedule E of Income Tax Return) |
| <input type="checkbox"/> | <input type="checkbox"/> | Farm Income (Schedule F of Income Tax Return) |
| <input type="checkbox"/> | <input type="checkbox"/> | Support Payments (alimony, child support, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Sale of Stocks, Bonds, Real Estate, Business, etc. (forms 1099-S, 1099-B) |
| <input type="checkbox"/> | <input type="checkbox"/> | Winnings from gambling, lottery, prizes or awards (form W-2G) |
| <input type="checkbox"/> | <input type="checkbox"/> | Wages or Income of <u>all</u> living in your home |
| <input type="checkbox"/> | <input type="checkbox"/> | Other income (any income received but not specifically mentioned above) |

B) SOURCES OF NET WORTH: What resources/assets were owned last year by you, your spouse or any other owners of the home?

Yes No

- | | | |
|--------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Checking, Savings, Money Market Accounts with banks, credit unions, etc. (Statements for ALL Accounts showing December 31 st balance) |
| <input type="checkbox"/> | <input type="checkbox"/> | Certificates of Deposit (CDs), 401K, IRAs (Statements for ALL Accounts showing December 31 st balance) |
| <input type="checkbox"/> | <input type="checkbox"/> | Stocks (Statements of Year-End Values, # of Shares and Dividends) |

- U.S. Savings Bonds (Bonds, copy of Bonds, Statement of Year-End Values)
- Real Estate in Virginia, other states or countries (Statements of Market/Assessed Value)
- Vehicles, Trailers, Mobile Homes, Boats, etc. (Statements of Market/Assessed Value)
- Life Insurance Policies having Cash Value (Year-End Statements)
- Investment Portfolios (Year-End Statements)

C) EXAMPLES OF OTHER SUPPORTING DOCUMENTS:

Yes No

- Disability Verification (Letter from Social Security Administration, Railroad Retirement Board, or Affidavits from two medical physicians licensed to practice in Virginia)
- Death Certificate of deceased spouse or other person(s) whose names are listed on the property.
- Power of Attorney Document
- Government-issued photo ID (example: Driver's License)
- Verification of Fulltime Caretaker (Letter from Nursing Home or other facility, or Affidavit from a medical physician verifying fulltime, in-home caretaker is required)
- Other Documents as required

All applicable documents must be presented at the time of filing your application for accuracy in processing your application. If you have any questions, please contact the Department of Public Utilities.

AFFIDAVIT

I, _____ (Applicant) am of legal age, having first sworn and on my oath state the foregoing statements are true and accurate to the best of my knowledge and belief. I consent to the disclosure of all information provided to the Utility Review Board for the purpose of verification related to my application. I understand that if any information provided by me is determined to be false, misleading or a misrepresentation of material fact, it will be grounds for denial of my appeal. I have read the foregoing affidavit and swear that its contents are true to the best of my knowledge and belief.

Name _____ Signature _____

COMMONWEALTH OF VIRGINIA
CITY OF _____, to-wit:

I, _____, a Notary Public, in and for the City aforesaid, in the Commonwealth of Virginia, do certify that _____, whose name is signed to the foregoing has acknowledged the same, and has produced satisfactory evidence of identity, before me in my city aforesaid.

Given under my hand this _____ day of _____ 20____.

NOTARY PUBLIC

Notary Registration ID: _____ My Commission Expires: _____