

**REAL ESTATE TAX RELIEF APPLICATION  
AND  
MOBILE HOME TAX RELIEF APPLICATION**

Office of the Commissioner of the  
Revenue PO Box 15285;  
Chesapeake, VA 23328-5285  
Tel: 757-382-6698 Fax: 757-382-8369  
Email: [tax@cityofchesapeake.net](mailto:tax@cityofchesapeake.net) Web: [www.cityofchesapeake.net/comrev](http://www.cityofchesapeake.net/comrev)

**BASIC ELIGIBILITY REQUIREMENTS**

- ✧ Applicant must be at least 65 years of age or “totally and permanently disabled” **AND**
- ✧ Applicant must own and live in the property to be exempted **AND**
- ✧ Combined household income cannot exceed \$62,000 per year **AND**
- ✧ Combined net worth of owners (exclusive of the home) cannot exceed \$350,000

**Return your COMPLETED application form **AND** all required documentation  
by April 29, 2022  
to allow ample time for review before the program’s deadline of May 16, 2022.**

**IMPORTANT**

You may file by mail, by placing the application in one of our office drop-boxes, or bring to your nearest Commissioner of the Revenue office. ***ALL supporting documentation is required!*** If supporting documentation is not provided this will cause a delay in processing and possible denial of your application.

**Office Hours:      Monday – Friday      8:00 a.m. – 5:00 p.m.**

<b><u>OFFICE</u></b>	<b><u>LOCATION</u></b>	<b><u>PHONE NUMBER</u></b>
Great Bridge	City Hall, 306 Cedar Rd.	757-382-6698 or 757-382-6734
South Norfolk	1205 20 <sup>th</sup> St.	757-545-8154
Western Branch	2808 Taylor Rd.	757- 488-5348
Deep Creek	824 Old George Washington Hwy.	757-382-3650

**ALL APPLICATIONS ARE SUBJECT TO AUDITING**

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Office Use:

Primary Applicant: \_\_\_\_\_  
Last First

Parcel Number: \_\_\_\_\_

Date Received In Office: \_\_\_\_\_

Approved:  / Denied:  letter mailed

Return your COMPLETED application form **AND** all required documentation

**by April 29, 2022**

to allow ample time for review before the program's deadline of May 16, 2022.

Application for  Real Estate OR  Mobile Home Title #: \_\_\_\_\_  
Do you own the property the mobile home is on?  YES  NO

Property Address Needing Relief:

Street Address: \_\_\_\_\_

**SECTION 1: Owners/Applicants of the Home**

Enter the owner name(s) as listed on the real estate tax bill for the property on which the exemption is being requested. If an application is for a Mobile Home, please enter the owner name(s) as listed on the title, along with the title number.

Applicant's/Owner's Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

1. Do you occupy the relief address as your sole dwelling?  YES  NO

2. Do you own other land or residence in Virginia or elsewhere?  YES  NO

If yes provide address: \_\_\_\_\_

3. Are you over the age of 65 or will be by June 30<sup>th</sup> of this current year?  YES  NO

4. Have you been determined Totally and Permanently disabled?  YES  NO

\*\*\* If yes, provide a copy of your documentation from one of the following:

Social Security Administration  Railroad Retirement  Veteran Affairs Administration **OR**

**ATTACH TWO (2)** City of Chesapeake Medical Affidavits, completed by two (2) different doctors  
(Please contact this office at 757-382-6698 to request medical affidavits be mailed to you)

Co-Applicant's/Spouse Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Email: \_\_\_\_\_

- 1 . Do you occupy the relief address as your sole dwelling?  YES  NO
- 2. Do you own other land or residence in Virginia or elsewhere?  YES  NO  
If yes provide address: \_\_\_\_\_
- 3. Are you over the age of 65 or will be by June of this current year?  YES  NO
- 4. Have you been determined Totally and Permanently disabled?  YES  NO

\*\*\* If yes, provide a copy of your documentation from one of the following:

- Social Security Administration  Railroad Retirement  Veteran Affairs Administration **OR**
- ATTACH TWO (2) City of Chesapeake Medical Affidavits, completed by two (2) different doctors  
(Please contact this office at 757-382-6698 to request medical affidavits be mailed to you)

**SECTION 3: OTHERS LIVING IN THE HOME:**

List the name, relationship, age and social security number of ALL PERSONS living in the above listed residence or who use the residence's address. (If the address is only used for mailing purposes please call, obtain from our website, or come into an office and complete a Residency Affidavit.)

Name	Relationship	Age	Social Security Number

**For sections 4 and 5, please note that ALL proof of Income and Resources *must* be attached with the completed application. If all documents are not present it will cause a denial of your application.**



**SECTION 4: GROSS INCOME:**

Place a check mark in the column below by the source of income that applies to ANY and ALL income in the home and fill in the amount of the income **ALL income received** in the home for **2021** from ALL persons living in the home must be placed on the chart below. This is to include relatives and non-relatives, adult(s) or minor(s), occupying the home.

(v)	SOURCE OF INCOME (copies of forms MUST be attached)	Applicant	Co-Applicant / Spouse	Other Living in the Home:	Other Living in the Home:
				Name	Name
	Wages or Salary (Federal Tax Return, W-2s, 1099s)	\$	\$	\$	\$
	Social Security (SSA-1099) including Med. B, SSI, TANF	\$	\$	\$	\$
	Veteran's Benefit from US Dept. of VA	\$	\$	\$	\$
	Disability Income (SSA-1099, W-2, 1099-R)	\$	\$	\$	\$
	Unemployment Income (1099-G)	\$	\$	\$	\$
	Railroad Retirement Board (1099-R, will be 2 figures)	\$	\$	\$	\$
	Distributions from IRA, 401-K, etc. (1099-R)	\$	\$	\$	\$
	Civil Service, Virginia Retirement, Pensions (1099-R)	\$	\$	\$	\$
	Interest/Dividends from ALL checking, savings, money market accounts at banks, credit unions, etc. (1099-INT, 1099-DIV)	\$	\$	\$	\$
	Business / Self Employment (attach Schedule C)	\$	\$	\$	\$
	Support payments (child or spousal)	\$	\$	\$	\$
	Sale of Stocks, Bonds, Real Estate, etc.(1099-S, 1099-B)	\$	\$	\$	\$
	Gambling or Lottery Winnings (W-2G)	\$	\$	\$	\$
	Rental Income - Rental Property or Room and Board (Schedule E from your Federal Income Taxes) Address if different: _____	\$	\$	\$	\$
	Farm income (Schedule F from your Federal Income Taxes)	\$	\$	\$	\$
	Other Income not listed: _____	\$	\$	\$	\$
	Other Income not listed: _____	\$	\$	\$	\$

## SECTION 5

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**ASSETS/RESOURCES:** Please select the applicable boxes to indicate assets/resources that apply to the applicant and/or co-applicant of the property requested for relief. **For all items selected, documentation must be provided that reflects value as of December 31, 2021.** All statements provided must include the FULL statement. If you own an account with someone other than your co applicant those accounts will also need statements provided.

- Checking & Money Market accounts from Bank Institutions, Credit unions, etc.
- Savings accounts from Bank Institutions, Credit Unions, etc.
- Certificates of Deposit
- Stocks, Mutual Funds, Bonds (portfolios)
- Life Insurance (has cash value)
- IRAs, Thrift Accounts, Annuities, 401(k) Plans
- Real Estate in Chesapeake other than application address
- Real Estate (outside of Chesapeake – attach assessment & copy of tax bill)
- Other assets (mortgages, trusts, etc.)

## SECTION 6

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Examples of Other Documents Required to Apply **\*\*COPIES MUST BE INCLUDED**

Please select the applicable boxes to indicate the additional documents that apply to your application and include a copy of those documents with your application.

**\*\*A copy of your Virginia Driver's license or ID card (\*\*must be included with application)**

- Death Certificate of deceased spouse or other person(s) listed on the property
- Power of Attorney documents
- Verification of required Fulltime Caretaker - letter from nursing home or other facility the applicant is residing in; or if being cared for at home by a live-in caretaker. Please call 757-382-6698 or go to [www.cityofchesapeake.net/comrev](http://www.cityofchesapeake.net/comrev) for proper documentation to complete
- Documentation of a person's actual residency if your address is used as their primary address (Example: utility bill with service address or lease agreement)
- Trust Documents
- Other documents as required

**I do hereby declare that the information included in this application is true and accurate to the best of my knowledge and belief, and that I am the owner of the property listed and occupy it as my sole residence. If false information is given, I do hereby understand I will be removed from the program and billed for back taxes owed. I also understand I will not be able to reapply for the program for a minimum of one fiscal year.**

**I understand that any factors occurring during the taxable year for which this application is filed that have the effect of exceeding or violating the limitations and conditions provided by the ordinance shall nullify any exemption for the current taxable year and the taxable year immediately following.** Chesapeake City Code Section 30-104.1(g)(1) states in part: *Changes in respect to income, financial worth, ownership of property or other factors occurring during the taxable year for which the application is filed and having the effect of exceeding or violating the limitations and conditions provided in this section shall nullify any relief of real estate tax liability for the then current taxable year and the taxable year immediately following.*

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Signature of Applicant

Date

**If this Affidavit is signed by anyone other than the applicant, a copy of the Power of Attorney will be required.**