



Office Use Only	Applicant: New	Returning
Parcel#: _____		

City of Chesapeake

Commissioner of the Revenue
Post Office Box 15285
Chesapeake, Virginia 23328

**BONA FIDE CAREGIVING SERVICES AFFIDAVIT
For Real Estate Tax Relief**

Affidavit of Necessity for Bona Fide Caregiver: To Be Completed by the Tax Relief Applicant

I, _____, of _____, Chesapeake, Virginia,
Applicant's Name (please print) Applicant's Street Address

hereby certify as follows:

- (1) that my health has deteriorated to the point that the only alternative to permanently residing in a hospital, nursing home, convalescent home or other facility for physical or mental care is to have an individual reside in my home to provide **necessary** caregiving services; **and**
- (2) that attached is a **Medical Affidavit** form (obtained from the Commissioner of the Revenue), that has been completed by my physician, confirming my need for full-time caregiving services. **and**
- (3) the following individual **resided** at the above-stated address **during the previous calendar year, specifically** for the purpose of providing **necessary** caregiving services, with or without compensation:

_____	_____	_____
Name of Last Year's Caregiver (please print)	Relation to Applicant	Time Period of Residing with Applicant and Providing Caregiving Services

Caregiving services provided *during the previous calendar year* by the above listed individual (be specific):

_____.*

Does this individual *currently* reside with you at the above-stated address? Yes _____ No _____
Date Moved In Date Moved Out

Does this individual *currently* provide you the listed caregiving services? Yes _____ No _____
Date Services Began Date Services Terminated

If No, note below the person **currently** residing with you **specifically** to provide you **necessary** caregiving services:

_____	_____	_____
Name of Current Caregiver (please print)	Relation to Applicant	Time Period of Residing with Applicant and Providing Caregiving Services

_____	_____	_____
Name of Applicant (please print)	Signature of Applicant	Date

NOTARY PUBLIC
STATE OF VIRGINIA
CITY OF CHESAPEAKE, to wit

Subscribed and sworn to me, the undersigned Notary Public, on this _____ day of _____, _____.

Notary Public

Notary Registration#: _____

My commission expires: _____