



# 2025 Elderly & Disabled Tax Relief Renewal

T. Scott Harris, MCR, Commissioner of the Revenue, Hanover County  
PO BOX 129, Hanover, VA 23069

Phone: 804-365-6128 Fax: 804-365-6101 Email: commissioner@hanovercounty.gov

**RENEWALS MUST BE FILED BY MARCH 3, 2025.**

Name:  
Address:

Case:  
Account:

## PLEASE CHECK THE APPROPRIATE BOXES BELOW:

Tax Relief for the Elderly  
(65 years or older)

**OR**

Tax Relief for the Permanently Disabled

Relief of real estate taxes

**OR**

Relief of mobile home taxes

## GENERAL INFORMATION AND REQUIREMENTS

- ❖ The applicant must be **65 years old** or older by **December 31, 2024, OR totally and permanently disabled** and **reside on the property**.
- ❖ The applicant must be an owner of the property on December 31 of the preceding year. If the applicant is in a hospital or other extended care facility on December 31, they may still qualify if the house is not rented or leased for consideration.
- ❖ Gross combined income of all owners and relatives living in the home cannot exceed **\$60,000**. The income of all relatives living in the house must be included; however, up to \$10,000 from each non-owner may be excluded. For applicants applying under the disabled criteria, up to \$10,000 from the applicant may be excluded as well.
- ❖ Combined financial worth of the applicant and spouses may not exceed **\$400,000**. The value of the house and up to ten (10) acres of land on the same parcel is excluded from your net worth.
- ❖ The amount of the tax relief will be based on an approved sliding scale using the combined household income and **multiplied by the % ownership** of the qualifying owners. **The maximum amount of annual relief given is \$3,500.**
- ❖ Full Applications are required every three years. Between those three years, a signed affidavit will be required to continue your tax relief status. If there has been a significant change in your income or assets you must immediately notify the Commissioner of the Revenue so you may complete another full application.
- ❖ If you require assistance in completing this form, we can assist you in person (with or without an appointment) at the Hanover County Government Complex, Chenault Weems Building, 7507 Library Drive, Hanover, VA or by telephone at 804-365-6128.

**COMPLETE ALL SECTIONS ON FORM AND ANSWER ALL QUESTIONS. IF A QUESTION DOES NOT APPLY TO YOU, ENTER N/A OR 0. FORMS MUST BE RETURNED TO THE COMMISSIONER OF THE REVENUE BY MARCH 3.**

Street Address of Property: \_\_\_\_\_

Mailing Address – if different: \_\_\_\_\_

**Applicant:** \_\_\_\_\_  
Last Name First Middle

**Birth Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Month Day Year

**Spouse:** \_\_\_\_\_  
Last Name First Middle

**Birth Date:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
Month Day Year

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**Complete the following questions.**

1. Is the property occupied by the applicant as his/her sole dwelling? Yes \_\_\_\_ No \_\_\_\_

2. What is Applicant's Ownership? (Check the appropriate space.)

**100% Owner** (with or without Spouse) \_\_\_\_ **Partial Owner** \_\_\_\_

**If a Partial Owner**, please list all other owners and each owner's percentage of ownership.

List name(s) of all owners, their percentage of ownership and if the house is the sole dwelling.

Applicant			Percentage of Ownership	
Name	DOB	Percentage of Ownership	____	Yes/No Sole Dwelling
Name	DOB	Percentage of Ownership	____	Yes/No Sole Dwelling
Name	DOB	Percentage of Ownership	____	Yes/No Sole Dwelling

3. Are any other adults over the age of 18, other than the spouse, living in the residence? \_\_\_\_ Yes/No

If yes, please complete the following for adults over the age of 18 living in the residence:

Name	Relationship	Age
_____		
_____		
_____		

4. Are any of the adults listed above acting as a caregiver of the applicant and/or spouse? \_\_\_\_ Yes/No

**TOTAL INCOME FOR CALENDAR YEAR 2024**

Include the total income from all sources of the applicant, spouse, and all persons living in the residence. If you answered yes to question 4 above, do not include the income of the caregiver. If there is no income for a specific line, enter "0".

<b>Total Income</b> (Before deductions)	<b>APPLICANT</b>	<b>SPOUSE</b>	<b>OTHERS</b>	<b>TOTAL</b>
Salaries & Wages (W-2)				
Pensions & Annuities				
Social Security or Railroad Retirement				
Disability Income				
Interest & Dividends				
Public Assistance, Prizes Won, Gifts				
Capital Gains				
IRA Distributions				
Rental Income				
Other including self-employment				

**NEXT TWO LINES FOR OFFICE USE ONLY**

Deductions				
Total Income				

**NET FINANCIAL WORTH AS OF DECEMBER 31, 2024**

Do not include the value of the house on which you are seeking relief or the mortgage against it.

<b>NET VALUE OF ASSETS</b>	<b>APPLICANT</b>	<b>SPOUSE</b>	<b>TOTAL</b>
Personal Property (vehicles)			
Other real estate located in Hanover			
Other real estate located outside of Hanover			
Savings Accounts			
Checking & Money Market Accounts			
Stocks, Bonds, Mutual Funds, etc.			
Life Insurance (cash value only)			
Worker's Compensation Benefits			
IRAs, annuities, 401K balances			
Certificates of Deposits (CDs)			
Other assets such as trust accounts			
<b>Total Assets</b>			
Unpaid balance of bank loans for vehicles, etc			
Credit card & merchant balances			
Mortgage balance on other properties owned			
Federal, state or local taxes past due			
Other debt – medical bills, etc.			
<b>Total Liabilities</b>			
<b>Total Net Value of Assets</b>			

