

COUNTY OF WISE

I.D. No. _____

**Tax Assistance Application for Senior and/or Disabled Citizens
Real Estate or Manufactured Homes**

Year _____

Return to:
DOUGLAS MULLINS, JR.
PO Box 1278 Wise, Virginia 24293
Phone: 276-328-3556 Fax: 276-328-6937
Email: commrev@wisecounty.org

CAMA _____

Please return application by March 1st of the taxable year.

A new application must be filed each year. All information on this application is confidential.

Applicant: _____
Last Name First Name SSN DOB

Spouse: _____
Last Name First Name SSN DOB

Mailing Address: _____
City State ZIP

Telephone: _____ Property Description: _____

***Applicant must hold title or life estate to the property and must live in the dwelling.**

ANNUAL INCOME SOURCE	APPLICANT	SPOUSE	RELATIVE(1)	RELATIVE(2)	RELATIVE(3)
Salaries/Wages					
Pension/Black Lung/RR					
SocSec/Veterans/SSI					
Interest/Dividends					
Rental Income/ Public Assist/Fd Stamp					
Workmen's Comp/ Other Income					
Total:			-4,000.00	-4,000.00	-4,000.00
TOTAL ANNUAL COMBINED INCOME OF APPLICANT, SPOUSE AND RELATIVES.....					\$ <input type="text"/>
ASSETS: (Please list all that apply)					
Real Estate(other than residence), Automobiles, boats, motor homes, etc:					
Cash on hand and in bank, Savings accounts, stocks & bonds, etc:					
Other Assets:					Total Assets: \$ <input type="text"/>

CERTIFICATE

I certify, under the penalties provided by law, that this application for Real Estate Tax Relief for the Senior or Permanently Disabled Homeowner, including any accompanying schedules or statements, to the best of my knowledge and belief is true, correct, and complete.

Applicant's Signature Date

Spouse's Signature Date