

I.D. No.

COUNTY OF WISE**Tax Assistance Affidavit 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

S ___

E ___

P ___

CAMA ___

Please return affidavit by March 1st of the taxable year.A new affidavit must be filed each year. All information on this affidavit is confidential. Every **Third** Year a new **Application** must be filed showing incomes and net worth of the applicant(s).

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.**

AFFIDAVIT

I do hereby declare that my total household income has not exceeded \$42,000 and my net worth has not exceeded \$85,000 (after liabilities) since my last application for Real Estate Tax Relief was filed with the Commissioner of the Revenue and that the property is my sole residence._____
Signature of Applicant_____
Date_____
Signature of Spouse_____
Date**Any person who knowingly falsely claims an exemption shall be guilty of a misdemeanor and upon conviction thereof, may be punished by a fine not less than Two Hundred and Fifty Dollars (\$250.00) and not to exceed a Thousand Dollars (\$1000.00) for each offense.****AFFIDAVIT MUST BE RETURNED BY MARCH 1ST**