

Tommy D. Livesay
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**APPLICATION FOR REAL ESTATE TAX RELIEF FOR PERSONS
65 YEARS OF AGE OR OLDER OR PERSONS TOTALLY AND PERMANENTLY DISABLED.**

TAX YEAR: 2010

DATE DUE: May 01, 2010

Applicant: _____
Last Name First Name Middle Initial

Birthdate: _____ Social Security Number _____

Spouse's Name: _____
Last Name First Name Middle Initial

Spouse's Birthdate: _____ Social Security Number _____

Telephone Number: _____

Mailing Address: _____

Name as appears on the tax bill: _____

Applicants' Total Yearly Income From All Sources _____

Spouse's Total Yearly Income From All Sources _____

Total Yearly Income of All Others Living In The Household _____

The Total Combined Financial Worth of My Household _____
(see Line #4 on the Reverse Side)

I Have Read The Above Affidavit And Swear Under Oath That Its Contents Are True To The Best Of My Knowledge And Belief.

(Signature) / (Date)

PLEASE NOTE THE REQUIREMENTS LISTED ON THE REVERSE SIDE

FOR OFFICE USE ONLY:

Total Income _____ Value _____ Elderly _____

Percentage of Relief _____ Tax Amt. _____ Disabled _____

Applied to Account(s) _____ Relief Amt. _____

_____ Amount Due _____