



CITY OF RICHMOND

TAX RELIEF FOR THE ELDERLY & DISABLED

900 E. Broad Street, Richmond, VA 23219 Phone: (804) 646-6015

You may qualify to Tax Relief for the Elderly & Disabled under hardship if you are experiencing an extreme medically determinable physical or mental impairment or extreme financial hardship as determined by the Director of Finance.

New Application Reinstatement (please check only one)

I have NOT applied for hardship within the last two years (only check if you have NOT applied for hardship in the last two years)

Name: _____ Parcel: _____

Address: _____

Phone: _____ Email: _____

(Medically Determinable Physical or Mental Impairment) If you are applying for hardship due to physical or medical impairment com

Attached: Physician Statement Hospitalization Documents Other: _____

Citizen Statement: _____

(Extreme Financial)

Total yearly household income: \$ _____

Total current household assets (cash, checking and saving balance, 401K, etc.): \$ _____

Total monthly rent/mortgage: \$ _____

Total utility expenses: \$ _____

Do you receive any assistance from relatives, government agencies \$ _____

Citizen Statement: _____

By signing below, I certify all information above is accurate, true and complete. I understand that this form does not guarantee my reinstatement into the Tax Relief Program. I understand that this is request to be reinstated into the tax relief program.

I agree with the statement above

I disagree with the above statement

Applicant/Agent Printed Name

Signature

Date

For Office Use Only: Approved Denied Reviewer: _____