



**FINANCIAL WORTH STATEMENT – worksheet**

My financial worth, including equitable interest as of the 31<sup>st</sup> day of December, 20\_\_\_\_, is as follows:

Cash on hand and in banks, buildings and loans, savings, certificates and trust funds; including part interest:

	\$
	\$
	\$

Money due me: Mortgages, notes, including part interest:

	\$
	\$
	\$

Value of stocks, bonds, government bonds, life insurance (cash value), etc., including part interest:

	\$
	\$
	\$

Exempting your dwelling and dwelling site, not to exceed 1 acre of land – list all other real estate including part interest:

Description	Titled in Whose Name	Fair Market Value	Mortgage	
				\$
				\$
				\$

Other assets (e.g. tangible property) like those listed on the Return of Tangible Personal Property form:

Description	Titled in Whose Name	Fair Market Value	
			\$
			\$
			\$

**TOTAL ASSETS**

\$

I, the undersigned, declare this to be a true and accurate statement of my financial condition on the 31<sup>st</sup> day of December of the preceding year.

Signature of owner: \_\_\_\_\_

Signature of Spouse or Co-Owner \_\_\_\_\_

**COMBINED INCOME STATEMENT – worksheet**

My total combined income from the preceding year from all sources is as follows:

**INCOME SOURCES:**

Wages, salaries, bonuses, commissions	\$
Tips & gratuities	\$
Dividends and other earnings from investments	\$
Interest from bonds, loans, savings accounts	\$
Civil Service, industrial and other pensions	\$
Retirement compensation, annuities and endowments	\$
Rents and royalties from property, patents, copyrights	\$
Profits from business or profession	\$
Profit from sale of real estate, securities, autos, etc.	\$
Your share of partnership profits	\$
Your share of estate or trust income	\$
Alimony and separate maintenance and other support payments	\$
Railroad Retirement Act benefits	\$
Virginia Supplemental Retirement Act benefits	\$
State, county, city or town retirement systems benefits	\$
Gifts, inheritances, etc	\$
Workman’s compensation, insurance damages for injury, etc	\$
Life insurance proceeds	\$
Social Security	\$
Social Security supplements	\$
Veteran and veteran’s family benefits	\$
Farm income, crops, livestock, soil banks, and others	\$
Unemployment, welfare, etc benefits	\$
Other social services benefits such as fuel, food stamps, etc.	\$
Any other income, please specify	\$
<b>TOTAL COMBINED INCOME</b>	<b>\$</b>

I, the undersigned, declare this to be a true and accurate statement of my total income during the immediately preceding calendar year from all sources. Any applicant making false statements to obtain tax relief under this Ordinance shall be deemed guilty of a misdemeanor and upon conviction thereof shall be punishable by a fine not to exceed Two Hundred Dollars.

Signature of applicant: \_\_\_\_\_

(use a separate worksheet for spouse or each relative)

AUTHORIZATION FOR INVESTIGATION

I hereby give my consent and permission to any governmental agency, any corporation, financial institution, retirement system or other source of income to me, to release to the Commissioner of the Revenue of Essex County, Virginia, any information he/she may request for the purpose of ascertaining my eligibility for relief under the "Real Estate Tax Exemption Ordinance of Essex County Virginia".

Signed: \_\_\_\_\_  
Name

Address: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Witness (if signed by mark) \_\_\_\_\_

Date: \_\_\_\_\_

Name, relationship, address of person/persons giving information other than land owner.

Name (s): \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

COUNTY OF ESSEX  
STATE OF VIRGINIA

THIS IS TO CERTIFY that I understand that I must file annually; that I have listed the names of all relatives occupying my sole domicile, that the total combined net worth and the total combined income from all sources does not exceed the limits listed in the Essex County Ordinance and that changes in respect to income, financial worth, ownership of property or other factors occurring during the taxable year for which this Affidavit is being filed shall nullify any exemption for the current year and the taxable year immediately following:

OATH

I, the undersigned applicant, do swear (or affirm) that the foregoing figures and statements are true, full and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

Sworn (or affirmed) to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of a Notary Public or other  
officer administering oath.

My Commission Expires \_\_\_\_\_