

2025

**Application for Real Estate Tax Exemption of Elderly and Disabled Homeowners
Washington County, Virginia
April Hamby Crabtree - Commissioner of the Revenue
1 Government Center Place, Suite C
Abingdon, Virginia 24210
cor@washcova.com (276) 676-6270**

PLEASE RETURN BY MARCH 7, 2025

PLEASE MAKE ANY CORRECTIONS OR COMPLETE ANY MISSING INFORMATION BELOW:

Office Use Only

District:
Tax Type:
RE Account #
PP Account #
Map #

New: YES NO
DAV:

Applicant: _____ Birthdate: _____ Applicant Social Security #: _____

Spouse: _____ Birthdate: _____ Spouse Social Security #: _____

Address: _____ Phone Number: _____

1. Name under which property is listed and appears on the tax bill, if different from above:
2. District or Town:
3. Is the Dwelling a Single-Wide Mobile Home?
4. **If NOT age 65 or over**, is this application being filed due to a disability?
5. Are you a disabled veteran?
6. **IF DISABLED**, is your Certification of Disability on file with the Commissioner's Office? _____ - IF NO CERTIFICATION OF DISABILITY IS ON FILE, A COPY MUST BE ATTACHED TO THIS APPLICATION OR THE APPLICATION WILL BE VOIDED! IF YOU ARE OVER 65 YEARS OF AGE, YOU ARE NOT REQUIRED TO ATTACH THIS CERTIFICATION.

OTHER THAN YOURSELF, list the names, relationship and Social Security number of all persons who occupy the dwelling:

	Name	Relationship	Social Security Number
1.			- -
2.			- -
3.			- -

GROSS INCOME

Please complete this gross income statement for the immediately preceding calendar year. Include in this statement the total gross income from **ALL SOURCES** of the applicant and spouse and any other person living in the dwelling.

SOURCE OF INCOME	APPLICANT ↓	SPOUSE ↓	OCCUPANT (other than applicant or spouse) ↓	OCCUPANT (other than applicant or spouse) ↓	OCCUPANT (other than applicant or spouse) ↓
2024 Salaries, Wages, Etc.					
2024 Pensions / Retirement / V.A. Benefits					
2024 Social Security from Block 5 on annual statement					
2024 Interest/Dividends					
2024 Rental Income					
2024 Public Assistance – Food or Fuel Assistance					
2024 SSI or Other Income					
Total Gross Income					

Total Combined Income of the Applicant, Spouse, and Occupants (OFFICE USE ONLY)\$ _____

NET WORTH

Please complete this statement of net financial worth as of December 31, 2024

NOTE: Exclude the fair market value of the house of residence only and the land upon which it is situated not exceeding one acre. The asset (fair market value) and liability (mortgage) on the exempted property should not be included in the computation of Net Worth.

ASSETS	APPLICANT	SPOUSE	OTHER OWNERS AND THEIR SPOUSE(S)
Real Estate <u>(other than residence)</u>			
Tangible Personal Property (includes household goods)			
Automobile(s) (Fair Market Value)			
Cash on hand and in Bank			
Stocks and Bonds / CD's / IRA Accounts / Retirement Accounts or 401K Accounts			
Life Insurance and Annuity (Cash Value)			
Other Assets			
TOTAL ASSETS			

LIABILITIES	APPLICANT	SPOUSE	OTHER OWNERS AND THEIR SPOUSE(S)
Notes Payable			
Accounts Payable			
Taxes Due			
Real Estate Mortgages (other than residence)			
Other Debts			
TOTAL LIABILITIES			

Is this your principle residence? YES ___ NO ___

Only principal residences qualify for the Elderly and Disabled Tax Relief

CERTIFICATE

I certify, under the penalties provided by law, that this application for Real Estate Tax Relief for the Elderly or 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

Signature of Spouse

Date