

**2026**

**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](mailto:cor@washcova.com) (276) 676-6270**

**PLEASE RETURN BY MARCH 6, 2026**

**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) 
2025 Salaries, Wages, Etc.					
2025 Pensions / Retirement / V.A. Benefits					
2025 Social Security from Block 5 on annual statement					
2025 Interest/Dividends					
2025 Rental Income					
2025 Public Assistance – Food or Fuel Assistance					
2025 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, 2025

**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 (other than residence)			
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			
<b>TOTAL ASSETS</b>			

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

Is this your principal 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