

COMMISSIONER OF THE REVENUE
OF BEDFORD COUNTY

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**2026 APPLICATION FOR REAL ESTATE
TAX RELIEF FOR THE ELDERLY AND DISABLED**

Name:	Name(s) as appears on bill
Address:	
	Phone:

Birth Date:	Marital Status:
Spouse Name:	Last 4 digits of Applicant Social Security Number: xxx-xx-
RPC #	Last 4 digits of Spouse Social Security Number: xxx-xx-
Map #	
Description:	

List name, ages, and last four digits of social security no. of persons related to the applicant who occupy the above residence:

GROSS INCOME STATEMENT: This statement should be the total gross income from all sources of the applicant and all persons related to the applicant living in the above residence for the preceding calendar year.

GROSS INCOME	APPLICANT'S INCOME	SPOUSE'S INCOME	RELATIVES LIVING IN DWELLING
Salaries, Wages			
Social Security			
Railroad Retirement			
Civil Service Pension			
Pension (Specify)			
Business Income			
Farm Income			
Veteran's Benefits			
Workman's Compensation			
Unemployment Compensation			
Welfare			
Interest, Dividends			
Rents			
Other Sources (Specify)			
TOTALS			

TAXABLE YEAR **2026**

TOTAL INCOME \$ _____

FILE BETWEEN JANUARY 2 AND MARCH 2, 2026

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NET FINANCIAL WORTH as of December 31, 2025. Exclude the value of applicant's residence and up to one acre of land upon which the residence is situated.

Net Value of Assets	Applicant/Spouse
Real Estate (Filled in by office)	
Personal Property (auto, etc) (Filled in by office)	
Savings Accounts	
Checking Accounts	
Stocks, Bonds	
Insurance (Cash Value)	
Other Assets:	
Total	\$

OFFICE USE ONLY	
Land Value	
Imp Value	
Total Deferred	

Real Estate owned, other than principal residence tract:

AFFIDAVIT: Comes now _____ of legal age, having first sworn and on my oath state the foregoing statements are true and accurate to the best of my knowledge and belief, and I understand that any factors occurring during the taxable year for which this affidavit is filed that have the effect of exceeding or violating the limitations and conditions provided by Ordinance, titled Real Estate Relief for the Elderly shall nullify any exemption for the current taxable year.

I understand the foregoing affidavit and swear that its contents are true to the best of my knowledge and belief.

APPLICANT'S SIGNATURE _____

1. The title of the property for which exemption is claimed is held on January 1 of the taxable year by the person(s) claiming exemption.
2. The landowner occupying the dwelling is sixty-five years or older on December 31 of the year immediately preceding the taxable year. If under sixty-five years of age, provide certification by the Social Security Administration, The Department of Veterans or the Railroad Retirement Board: or a sworn affidavit by two medical doctors who are either licensed to practice medicine with the Commonwealth of Virginia or are military officers on active duty who practice medicine with the U.S. Armed Forces , to the effect that the person is permanently and totally disabled.
3. The gross combined income of the owner as of December 31 of the year immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed fifty thousand (**\$50,000**) dollars. Gross combined income shall include all income from all sources of the owner and the owner's relatives in the dwelling.
4. The total combined financial worth of the owner as of December 31 of the year immediately preceding the taxable year shall be determined by the Commissioner of the Revenue to be an amount not to exceed one-hundred-fifty thousand (**\$150,000**) dollars. Total financial worth shall include the value of all assets, including equitable interest, of the owners, and of the spouse of any owner and shall exclude the value of the dwelling and up to one acre of land upon which the residence is situated.

PLEASE FURNISH THE FOLLOWING, if applicable: Federal Income Tax Return, Social Security Statement of Benefits, Railroad Retirement Statement, Bank Balance of Savings and Checking Accounts, Statement of Welfare received.