

Account # _____

**APPLICATION FOR TAX RELIEF FOR SURVIVING SPOUSE
OF A DISABLED VETERAN**

Tax Year
2019

**Donna M. Gray
Acting Commissioner of the Revenue
52 West Main Street Suite 200
Pulaski, VA 24301-5044**

**Need Assistance?
(540) 980-7753**

Must be filed by April 1

APPLICANT INFORMATION

CERTIFICATE/LETTER FROM VA 100% SERVICE-CONNECTED DISABILITY ATTACHED YES

ON FILE YES

NAME:

MAP NUMBER:

Name of Surviving Spouse:	Social Security #:			Phone #:
Name of Veteran:	Social Security #:	Date of death:		
Mailing Address:	Street Address if different than Mailing Address			

Is this property occupied as the principal residence by the qualifying applicant? Yes No

Has the surviving spouse remarried? Yes No

Code of Virginia 58.1 -3219.5 (B) The surviving spouse of a veteran eligible for the exemption set forth in this article shall also qualify for the exemption, so long as the death of the veteran occurs on or after January 1, 2011, the surviving spouse does not remarry, and the surviving spouse continues to occupy the real property as his principal place of residence.

Privacy Act Notice: Disclosure of your social security number on this form is mandatory, as authorized by the Virginia State Code Section §58.1-3017. Social security numbers are regarded as confidential, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose.

I (we) declare, under penalties provided by law, that this affidavit has been examined by me (us) and to the best of my (our) knowledge and belief is true, correct, and complete.

Signature of Applicant (surviving spouse)

Date

REQUIRED DOCUMENTS:

- Attach proof of Veterans Disability.
- Attach death certificate.

OFFICE USE ONLY

Owner of Record:	Map Number:
Qualifies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why:	Qualifies as: <input type="checkbox"/> Veteran 100% Service Related Disability

Land Value	
Building Value	
Total Value:	
Tax Rate:	
Total Taxes	
Amount of Relief	