

Account # _____ **APPLICATION TAX EXEMPTION FOR VETERANS 100% SERVICE- CONNECTED DISABILITY** Tax Year 2021

Kim Matthews
Commissioner of the Revenue
52 West Main Street, Suite 200
Pulaski, VA 24301-5044

Real Estate
(540) 980-7753
Personal Property
(540) 980-7750

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 (Applicant/Owner): | Social Security #: | Birth Date: | Age: | Phone #: |
| Name (Co-Owner/Spouse): | Social Security #: | Birth Date: | Age: | Phone #: |
| Mailing Address if different than Street Address: | Street Address: | | | |

Is the above residence occupied by a qualifying veteran? Yes No Is the residence rented or owned? Rent Own
Is the qualifying veteran temporarily away from home? Yes No If YES, date he/she left home? _____

Is the qualifying veteran deceased? Yes No If YES, stop here and talk to a staff member at our office.

Qualifying vehicle to be exempted: Year _____ Make _____ Model _____

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/Owner

Signature of Co-Owner/Spouse

Date

Signature of Preparer (if not applicant)

Relationship

Date

Preparer's Phone Number

OFFICE USE ONLY

| | |
|--|--------------------------------|
| Owner of Record: | Map Number: |
| Qualifies for Real Estate Exemption? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain why: _____ Qualifies for Personal Property Exemption? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, explain why: _____ | Approved By: _____ Date: _____ |

| | <i>Non-Exempt</i> | <i>Exempt</i> |
|----------------|-------------------|---------------|
| Land Value | | |
| Building Value | | |
| Total Value: | | |
| Tax Rate: | | |
| Tax Levy | | |

| | <i>Non-Exempt</i> | <i>Exempt</i> |
|------------------|-------------------|---------------|
| Vehicle #1 Value | | |
| Vehicle #2 Value | | |
| Vehicle #3 Value | | |
| Vehicle #4 Value | | |
| Vehicle #5 Value | | |
| | | |
| Total Value: | | |
| Tax Rate: | | |
| Tax Levy | | |

VETERAN APPLICATION PROCESS

(Real Estate & Personal Property)

VETERAN EXEMPTION

To qualify for this exemption this office must have documentation from the United States Department of Veterans Affairs or its successor agency stating **100% Service-Oriented, Permanent and Totally Disabled.**

Veteran's real estate and/or personal property records will be reviewed to determine that they are the owners or joint owners of the property.

A surviving spouse of a disabled veteran is only evaluated for the real estate exemption. They are NOT eligible to apply for the personal property exemption per Virginia Code 58.1-3668.

Veteran should provide the following:

| Documentation | Real Estate Exemption | Vehicle Exemption |
|--|------------------------------|--------------------------|
| U.S. Dept. of Veterans Affairs approved letter of disability | ✓ | ✓ |
| Photo ID of the disabled veteran | ✓ | ✓ |
| Proof of residence occupancy, such as a utility bill | ✓ | n/a |
| Certificate of marriage | n/a | *see below |

*Provide a certificate of marriage if applying for the vehicle exemption and the qualifying vehicle is solely owned by the spouse.

Surviving Spouse should provide the following:

| Documentation | Real Estate Exemption | Vehicle Exemption |
|---|------------------------------|--------------------------|
| Approved letter of disability issued to a qualifying Veteran by the U.S. (Federal) Department of Veterans Affairs | ✓ | n/a |
| Surviving spouse letter issued by the U.S. (Federal) Dept. of Veterans Affairs | ✓ | n/a |
| Photo Identification, applicant | ✓ | n/a |
| Death certificate to confirm date is subsequent to December 31, 2010 | ✓ | n/a |
| A certified certificate of marriage from the appropriate State Office of Records | ✓ | n/a |
| Proof of residence occupancy, such as a utility bill | ✓ | n/a |