

Account # _____	APPLICATION TAX RELIEF FOR VETERANS 100% SERVICE-CONNECTED DISABILITY	Tax Year <u>2021</u>
	Kim Mathews 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 <input type="checkbox"/>	
ON FILE YES <input type="checkbox"/>	

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

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

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
Phone Number		

OFFICE USE ONLY

Owner of Record:	Map Number:	
Qualifies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why:	Approved By: _____	Date:

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