

Account # \_\_\_\_\_

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

Tax Year 2023

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

**Must be filed by April 1**

**Real Estate  
(540) 980-7753**

**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 if different than Street Address:	Street Address:		

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

Is the principal residence jointly owned? Yes  No  If YES, name of joint owner(s) \_\_\_\_\_

Is the qualifying applicant temporarily away from home? Yes  No  If YES, date he/she left home? \_\_\_\_\_

Has the qualifying applicant remarried? Yes  No  If YES, date remarried? \_\_\_\_\_

**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/her 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

\_\_\_\_\_  
Signature of Preparer (if not applicant) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Phone Number

**REQUIRED DOCUMENTS:** See "Application Process Information Sheet"

**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		

# QUALIFYING SPOUSE

## APPLICATION PROCESS Information Sheet

(Real Estate)

### **VETERAN EXEMPTION**

To determine if qualified for this tax exemption our office must first evaluate the original letter issued from the United States Department of Veterans Affairs or its successor agency stating the Veteran was **100% Service-Oriented, Permanent and Totally Disabled.**

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

### **Surviving Spouse should provide the following items with the attached application:**

<b>Documentation</b>	<b>Real Estate Exemption</b>	<b>Vehicle Exemption</b>
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