PETERSBURG, VIRGINIA

Pamela C. Hairston, Commissioner of Revenue
135 N. Union St., Petersburg, Va. 23803
Phone: 804-733-2315 *Fax*: 804-863-2790

APPLICATION FOR REAL PROPERTY TAX RELIEF VETERANS WITH 100% SERVICE-CONNECTED DISABILITY

QUALIFICATIONS:

- Disability of Veteran must be 100% service-connected AND permanent AND total.
- Residence must be Veteran's primary residence (proof, such as resident State tax return, may be requested).
- Spouse (if applicable) must also be identified.
- Deceased Veteran (if applicable) must have died on or after January 1, 2011.
- Surviving Spouse (if applicable) must not be remarried.
- Surviving Spouse (if applicable) must continue to reside in primary residence.

REQUIRED DOCUMENTATION:

- Certification of disability being: (a) 100% service-connected, AND (b) permanent, AND (c) total.
- (If applicable) Copy of Veteran's death certificate showing death occurred on or after January 1, 2011.

APPLICANT INFORMATION

Name of Veteran *(Last, First, Middle Initial):*	Date of Birth:	Social Security No.:	Telephone No(s):
Name of Spouse *(Last, First, Middle Initial):*	Date of Birth:	Social Security No.:	Telephone No(s):

Address of Primary Residence To Be Granted Local Real Estate Tax Relief :

Mailing Address *(if different from Primary Residence Address):*

Is the above-listed Primary Residence occupied by the Veteran? ☐ Yes ☐ No

Is the above-listed Primary Residence occupied by the Veteran's Surviving Spouse? ☐ Yes ☐ No

Is the above-listed Primary Residence jointly owned by the Veteran and Spouse? ☐ Yes ☐ No (If no, please describe ownership.)

If the Veteran is deceased, has the above-named Surviving Spouse remarried? ☐ Yes ☐ No

Certification from the U.S. Department of Veterans Affairs of 100% service-connected, permanent, and total disability is:
☐ Attached ☐ Already on file with the Commissioner of Revenue

CERTIFICATION

VETERAN:

I declare, under penalty of perjury, that the above-listed physical address is occupied as my primary place of residence, that I have provided to this office the original, designated U.S. Department of Veterans Affairs letter issued to me attesting to my 100% service-connected, permanent, and total disability, and that I understand I must reapply for tax relief if my primary place of residence changes. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.

Signature of Veteran _____ Date _____

OR

SURVIVING SPOUSE OF VETERAN:

I declare, under penalty of perjury, that I am the Surviving Spouse of the above-listed Veteran, that I have presented to this office a certified copy of the Veteran's death certificate confirming a date of death on or after January 1, 2011, that I continue to occupy the above-listed physical address as my primary place of residence, that I have provided to this office the original, designated U.S. Department of Veterans Affairs letter issued to the Veteran attesting to his/her 100% service-connected, permanent, and total disability, and that I have not remarried. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.

Signature of Surviving Spouse _____ Date _____

Signature of Preparer (if not Applicant) _____ Relationship _____ Telephone No. _____ Date _____

[OVER]

FOR MORE INFORMATION, CONTACT:	
Contact Name **Office of the Commissioner of the Revenue** *Email:* **phairston@petersburg-va.org** *Telephone: 804-733-2315* *Facsimile: 804-863-2790*	*Mailing Address: 135 N. Union St., Petersburg,Va. 23803* *Physical Address: 135 N. Union St., Petersburg, Va. 23803* *Website: www.petersburg-va.org*

IMPORTANT INFORMATION

Pursuant to Article X, Section 6-A of the Constitution of Virginia, the General Assembly exempted from taxation the real property, including the joint real property of husband and wife, of any Veteran who has been rated by the U.S. Department of Veterans Affairs or its successor agency pursuant to federal law to have a 100 percent service-connected, permanent and total disability, and who occupies the real property as his/her primary place of residence.

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 occurred 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 primary place of residence.

The Veteran or Surviving Spouse claiming the exemption under this Article shall file with the Commissioner of the Revenue an Application, including Certification:

(a) setting forth the name of the disabled Veteran and the name of the Spouse (if any) also occupying the real property,
(b) indicating whether the real property is jointly owned by the husband and wife,
(c) certifying that the real property is occupied as the primary residence by either the Veteran or Surviving Spouse (if applicable), and
(d) certifying that the Surviving Spouse (if applicable) has not remarried.

The Veteran or Surviving Spouse shall also provide documentation from the U.S. Department of Veterans Affairs or its successor indicating that the Veteran has a 100 percent service-connected, permanent, and total disability. The Veteran shall only be required to re-file the required information if the Veteran's primary residence changes. If a Surviving Spouse of a Veteran is applying for the exemption, the Surviving Spouse shall also provide documentation that the Veteran's death occurred on or after January 1, 2011.

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.

****FOR OFFICE USE ONLY****

Date Application Received:		**Record No.:**	
Owner(s) of Record:		**Map No.:**	
Qualifies for Relief: ☐ **Yes** ☐ **No** **If no, explain:**			
Land Value:		**Mobile Home Value:**	
Building Value:			
Total Value:			
Tax Rate:		**Tax Rate:**	
Total Taxes:		**Total Taxes:**	
AMOUNT OF RELIEF:		**AMOUNT OF RELIEF:**	

Initials: _____ ***Date:*** _____