PETERSBURG, VIRGINIA
Brittany C Flowers, Commissioner of the Revenue
135 N. Union Street, Petersburg, VA 23803
***Phone*: 804-733-2315 *Fax*: 804-863-2790**
www.petersburgva.gov

APPLICATION FOR REAL PROPERTY TAX EXEMPTION FOR SURVIVING SPOUSES OF MILITARY KILLED IN ACTION

QUALIFICATIONS:

- Member of Armed Forces must have been killed in action on or ***after*** January 1, 2015.
- Real Property must be deeded and occupied as principal place of residence.
- Surviving Spouse must be identified. (Proof required)
- Surviving Spouse must not be remarried.
- Surviving Spouse must continue to reside in primary residence.

REQUIRED DOCUMENTATION:

- Certification of member of the United Stated Armed Forces killed in action by Department of Defense.
- (If applicable) Copy of member's death certificate showing death occurred on or ***after*** January 1, 2015.

APPLICANT INFORMATION			
Name of Deceased Armed Force Member*(Last, First, Middle Initial):*	Date of Birth:	Social Security No.:	Telephone No(s):
Name of Surviving 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 deeded and occupied by the Surviving Spouse?	☐ Yes	☐ No	
Is the above-listed Primary Residence jointly owned by the deceased member and Spouse?	☐ Yes	☐ No	
Is the above-listed Primary Residence deeded and occupied by any other individual?	☐ Yes	☐ No	
Has the above-named Surviving Spouse remarried?	☐ Yes	☐ No	
Certification from the U.S. Department of Defense DD Form 1300: Attached ☐			
CERTIFICATION			

SURVIVING SPOUSE OF MEMBER:

I declare, under penalty of perjury, that I am the Surviving Spouse of the above-listed Military member, that I have presented to this office a certified copy of the military member's death certificate confirming a date of death on or after January 1, 2015, 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 Defense Certification issued to the Surviving Spouse attesting to the death of the military member 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

[OVER]

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

IMPORTANT INFORMATION

Pursuant to subdivision (b) of Section 6-A of Article X of the Constitution of Virginia, and for tax years beginning on or ***after*** January 1, 2015, the General Assembly hereby exempts from taxation the real property described in subsection B of the surviving spouse (i) of any member of the armed forces of the United States who was killed in action as determined by the United States Department of Defense

The Surviving spouse of a member of the armed forces killed in action shall qualify for the exemption so long as the surviving spouse does not remarry and continues to occupy the real property as his principal place of residence.

The 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 deceased member killed in action

(b) indicating whether the real property is jointly owned by the member and spouse,

(c) certifying that the real property is occupied as the primary residence by the Surviving Spouse, and

(d) certifying that the Surviving Spouse has not remarried.

The Surviving Spouse shall also provide documentation from the U.S. Department of Defense or its successor indicating that the Armed Force Member was killed in action on or ***after*** January 1, 2015. The Surviving Spouse shall only be required to re-file the required information if the primary residence changes.

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:*** _____