



VETERANS REAL PROPERTY TAX EXEMPTION APPLICATION

Laura M. Ecimovic
Commissioner of Revenue
P.O. Box 99
New Kent, Virginia 23124
Phone (804) 966 – 8573
Fax (804) 966 – 5562

INSTRUCTIONS
<ul style="list-style-type: none"> The information required on this application must be filled out in its entirety and returned to the Commissioner of the Revenue. Spaces that are not applicable to the taxpayer should be completed with “Not Applicable” (N/A). A copy of the applicant’s certification form from the United States Department of Veterans Affairs verifying that the applicant has been awarded a 100% service-connected, permanent, and total disability must be attached. All information submitted with this application is confidential and is not open to the public. As needed, the phone number listed above may be called for assistance with this form.

OFFICE USE ONLY
Date Received:
Reviewed By:
Vision ID:
Bright ID:
Qualified <input type="checkbox"/> Unqualified <input type="checkbox"/>

APPLICANT INFORMATION		
	Name	Contact Phone
		<i>First Name, Full Middle Name, Last Name, Suffix</i>
Applicant		(____) ____ - ____ - ____
Spouse		(____) ____ - ____ - ____
Is this residence occupied by the applicant as the principal dwelling?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the applicant:		Owner <input type="checkbox"/> Part Owner <input type="checkbox"/>
Are you the surviving spouse of a veteran?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, have you remarried?		Yes <input type="checkbox"/> No <input type="checkbox"/>

PROPERTY INFORMATION	
Property Address	
<i>Street Address Only (No P.O. Box)</i>	
Mailing Address	
<i>If Mailing Address And Property Address Are Different</i>	
Tax Map Number	

IMPORTANT: The false claiming of the exemption authorized in this section shall constitute a misdemeanor; any person convicted of falsely claiming such exemption may be punished by a fine not to exceed one thousand dollars, or confinement in jail not to exceed twelve months, either or both.

Please See Reverse Side For Notarized Statement

P.O. BOX 99 • NEW KENT, VA • 23124
PHONE: (804) 966-8573 • FAX: (804) 966-5562

**VETERANS REAL PROPERTY
TAX EXEMPTION AFFIDAVIT**

**Please have the following affidavit signed in the presence of a Notary prior to submitting the application.
A Notary is available within the Commissioner of Revenue's office for your convenience.**

_____ personally came and appeared before
APPLICANT(S) NAME

me, the undersigned Notary, and made this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following statement is true and correct to the best of his/her knowledge.

I have reviewed and completed to the best of my ability the foregoing exemption application and swear that its contents are true to the best of my knowledge and belief.

APPLICANT'S SIGNATURE

DATE

State of Virginia

County of _____ to wit:

Subscribed and sworn (or affirmed) before me on this _____ day of _____, 20____,

My commission expires _____

Registration No. _____

Notary Public