



**Real Estate Tax Exemption Application For
Disabled Veteran or Surviving Spouse**

Please type or print requested information.

Name of Disabled Veteran (<i>Last, First, Middle Initial</i>)	Date of Birth	Social Security No.
Name of Spouse (<i>Last, First, Middle Initial</i>)	Date of Birth	Social Security No.
Applicant claiming this exemption (<i>Check One</i>): <input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse of a Deceased Veteran		
Property Address for which tax exemption is being claimed (<i>Street Address, City, State, Zip Code</i>)		
Legal Ownership of Residence (<i>Check One</i>) <input type="checkbox"/> Veteran and Spouse <input type="checkbox"/> Veteran Only <input type="checkbox"/> Spouse Only <input type="checkbox"/> Other: List Name(s) and Relationship to Veteran:		
Is the above listed property the applicant's principal place of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the above listed property occupied by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the veteran is deceased, has the surviving spouse remarried?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, provide date:
Mailing Address (<i>if different from property address above</i>)	Home Phone	Alternate Phone

Email Address: _____

REQUIRED DOCUMENTATION:

- Certification from the U.S. Department of Veterans' Affairs of the veteran's 100% service-connected, permanent and total disability.
- If the applicant is the surviving spouse of a deceased veteran, provide a certified copy of the veteran's death certificate.

IMPORTANT NOTE: This Affidavit must be signed in the presence of a Notary Public.

AFFIDAVIT:

Under penalty of perjury, I hereby certify and attest that the answers given in this official document are true and correct. I understand additional information and/or documentation may be required for determining eligibility of this tax exemption. I affirm that I have the duty to report to the Commissioner of the Revenue any changes in principal residence, disability status, ownership of property, marital status, death of my spouse or other information that relate to this tax exemption.

Applicant's Signature: _____

Applicant's Name (*Please Print*): _____

NOTARY PUBLIC

STATE OF VIRGINIA
CITY OF PORTSMOUTH, to wit:

Subscribed and sworn to me the undersigned Notary Public, on this _____ day of _____, _____.

_____ Notary Public

Notary Registration ID: _____

My commission expires: _____