# **EXEMPTION APPLICATION**

For Veterans with 100% Service-Connected Disability

or Certain Surviving Spouses



Office of the City Assessor 900 E Broad Street, Room 802 Richmond, VA 23219

Phone: (804) 646-7500 Fax: (804) 646-5686 Email: asktheassessor@richmondgov.com

APPLICANT INFORMATION						
Name (Applicant/Owner):	Social Security #:		Phone #:			
Name (Co-Owner/Spouse):	Social Security #:		Phone #:			
Qualifying Property Address:	Mailing Address if differ		ent than Property Address:			
CERTIFICATION STATEMENT						
Disabled Veteran						
1. I have a certificate from the U.S. Department of Veteran Affairs for 100% Service Connected Permanent Disability. Yes 🗖						
2. This property is occupied as my principal residence (or qualifying surviving spouse). Yes						
3. This property is owned and legally titled in my name.						
Surviving Spouse of a Member of the Armed Forces Killed in Action						
1. I have an affidavit from the Department of Defense attesting to the date of death.Yes						
2. I own a single-family residence in the city of Richmond and occupy it as my principle residence Ye						
<b><u>Privacy Act Notice</u></b> : 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, will not be disclosed for any other purpose.						

I (we) declare, under penalties provided by law, that this certification has been examined by me (us) and to the best of my (our) knowledge and belief is true, correct, and complete.

Signature of Applicant/Owner

Email (for contact purposes)

Date

Signature of Co-Owner/Spouse

Preparer Information (If not prepared by Applicant)

Signature of Preparer

Relationship

Date

Day Time Phone Number

(See back for additional information)

## **ADDITIONAL INFORMATION**

### **DOCUMENTS REQUIRED TO PROCESS APPLICATION**

#### **Disabled Veteran**

- Certification from Veterans Administration verifying 100% service-connected permanent disability.
- Copy of most recent state tax return verifying principle residence status.

#### Surviving Spouse of a Member of the Armed Forces Killed in Action

- Affidavit issued from The Department of Defense.
- Copy of most recent state tax return verifying principle residence status.

## **ENACTING LEGISLATION**

 VA CODE § 58.1-3219.5
 EXEMPTION FROM TAXES ON PROPERTY FOR DISABLED VETERANS

 VA CODE § 58.1-3219.9
 EXEMPTION FROM TAXES ON PROPERTY OF SURVIVING SPOUSES OF MEMBERS OF THE ARMED FORCES KILLED IN ACTION

OFFICE USE ONLY					
Owner of Record:					
PIN:		Acreage:			
Qualifies? Yes 🗖		Entry Year:			
No □ If no, explain why:					
		Exempted	Taxable		
Land Value					
Building Value					
Total Value:					
Tax Rate:					
Total Taxes					
Amount of Relief					

Revised: 04/14/2015