

# EXEMPTION APPLICATION

For Veterans with 100% Service-Connected Disability or  
Certain Surviving Spouses



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

Phone: (804)646-7500  
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Email: [asktheassessor@rva.gov](mailto:asktheassessor@rva.gov)

## APPLICANT INFORMATION

Name (Applicant/Owner):	Social Security #:	Phone #:
Name (Co-Owner/Spouse):	Social Security #:	Phone #:
Qualifying Property Address:	Mailing Address if different 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. Yes

### 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 Yes

**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, 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 letter from Veterans Administration verifying 100% service-connected permanent disability.
- Copy of most recent state tax return or valid driver's license /voter registration card 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 or valid driver's license/ voter registration card 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 <input type="checkbox"/>		Entry Year:	
No <input type="checkbox"/> If no, explain why:			
		Exempted	Taxable
Land Value			
Building Value			
Total Value:			
Tax Rate:			
Total Taxes			
<b>Amount of Relief</b>			