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@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 ***(See page 2 for documentation requirements)***	
1. I have a certificate from the U.S. Department of Veterans Affairs.	Yes ☐
2. This property is occupied as my principal residence.	Yes ☐
3. This property is owned and legally titled in my name.	Yes ☐
4. I certify this property has been my principal residence since: ___/__/____	
5. Is this application for a newly purchased residence? If Yes, attach a copy of the purchase agreement.	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 principal residence.	Yes ☐
3. I certify that I am the surviving spouse of the qualifying disabled veteran and have not remarried.	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 application has been examined by me (us) and to the best of my (our) knowledge and belief is true, correct and complete. I (we) understand that all required supporting documentation must be provided to process this application.

_____ _____ _____
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

_____
Phone Number

ADDITIONAL INFORMATION

DOCUMENTS REQUIRED TO PROCESS APPLICATION

Disabled Veteran

- Certification letter from Veterans Administration verifying 100% service-connected permanent disability.
- Copy of a valid Virginia driver's license or voter registration card as proof of principal residence.
- Copy of the purchase agreement, if applicable.

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

- Affidavit issued from the Department of Defense.
- Copy of most recent valid Virginia driver's license as proof of primary residence.
- Copy of the death certificate.
- Copy of the marriage certificate.

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

INSTRUCTIONS

- Attach a current benefits letter from the Department of Veterans Affairs stating you have a 100% service connected, permanent and total disability with the effective date that this was determined.
- Attach a copy of your Virginia driver's license or voter registration card showing your primary address. The property must be owned and occupied by the veteran as their principal residence.
- If the property is owned by a trust, attach a copy of the trust, if applicable.
- Attach a copy of the Power of Attorney, if applicable.
- Copy of the purchase agreement, if applicable.
- For surviving spouses, please also attach a certified copy of the veteran's death certificate and marriage certificate to verify eligibility.

Please note, this exemption shall be applicable beginning on the date the primary residence is acquired, the date of disability rating or ***January 1, 2011,*** *whichever is later, and shall not be applicable for any period prior to* ***January 1, 2011.***

Revised 9/2/26

Office Use Only

PIN _____ **Qualifies?** Yes ☐ No ☐