

# **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](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
4. I certify this property has been my principal residence since (move in date): \_\_\_ / \_\_\_ / \_\_\_ 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

**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
_____ Phone Number		

## ADDITIONAL INFORMATION

### DOCUMENTS REQUIRED TO PROCESS APPLICATION

#### Disabled Veteran

- Certification letter from Veterans Administration verifying 100% service-connected permanent disability.
- Copy of valid Virginia State driver's license or voter registration card verifying principal 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 valid Virginia State driver's license as proof of primary residence.
- Copy of the death certificate.
- 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.
- Attach a copy of the Power of Attorney 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 January 1, 2011.

#### OFFICE USE ONLY

PIN #: \_\_\_\_\_

Qualifies? Yes  No