

APPLICATION TAX RELIEF FOR VETERANS 100% SERVICE-CONNECTED DISABILITY

**Tax Year
2018**

**Trina N. Rupe
Commissioner of the Revenue
52 West Main Street Suite 200
Pulaski, VA 24301-5044**

**Need Assistance?
(540) 980-7753**

Must be filed by April 1

APPLICANT INFORMATION

CERTIFICATE/LETTER FROM VA 100% SERVICE-CONNECTED DISABILITY ATTACHED YES

ON FILE YES

NAME:

MAP NUMBER:

Name (Applicant/Owner):	Social Security #:	Birth Date:	Age:	Phone #:
Name (Co-Owner/Spouse):	Social Security #:	Birth Date:	Age:	Phone #:
Mailing Address:	Street Address if different than Mailing Address			

Is this property occupied as the principal residence by the qualifying veteran? Yes No

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, those numbers will not be disclosed for any other purpose.

I (we) declare, under penalties provided by law, that this affidavit 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	_____ Signature of Co-Owner/Spouse	_____ Date
_____ Signature of Preparer (if not applicant)	_____ Relationship	_____ Date
_____ Phone Number		

OFFICE USE ONLY

Owner of Record:	Map Number:
Qualifies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why:	Qualifies as: <input type="checkbox"/> Veteran 100% Service Related Disability

Land Value	
Building Value	
Total Value:	
Tax Rate:	
Total Taxes	
Amount of Relief	