

Account # \_\_\_\_\_

**APPLICATION FOR TAX EXEMPTION FOR SURVIVING SPOUSE OF A DISABLED VETERAN**

Tax Year 2021

**Kim Matthews  
Commissioner of the Revenue  
52 West Main Street, Suite 200  
Pulaski, VA 24301-5044**

**Real Estate  
(540) 980-7753  
Personal Property  
(540) 980-7750**

**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 of Surviving Spouse:	Social Security #:		Phone #:
Name of Veteran:	Social Security #:	Date of death:	
Mailing Address if different than Street Address:	Street Address:		

Is this property occupied as the principal residence of the qualifying applicant? Yes  No

Is the qualifying applicant temporarily away from home? Yes  No  If YES, when will they return? \_\_\_\_\_

Has the surviving spouse remarried? Yes  No  If YES, date remarried? \_\_\_\_\_

Code of Virginia 58.1 -3219.5 (B) The surviving spouse of a veteran eligible for the exemption set forth in this article shall also qualify for the exemption, so long as the death of the veteran occurs on or after January 1, 2011, the surviving spouse does not remarry, and the surviving spouse continues to occupy the real property as his principal place of residence.

**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 (surviving spouse) \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer (if not applicant) \_\_\_\_\_  
Relationship \_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number

**REQUIRED DOCUMENTS: *\*\*Attach proof of Veteran's Disability & death certificate\*\****

**OFFICE USE ONLY**

Owner of Record:	Map Number:
Qualifies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why:	Approved By: _____ Date: _____ _____

	<i>Non-Exempt</i>	<i>Exempt</i>
Land Value		
Building Value		
Total Value:		
Tax Rate:		
Tax Levy		