

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

**APPLICATION TAX RELIEF FOR VETERANS 100% SERVICE-CONNECTED DISABILITY**

Tax Year  
2019

**Donna M. Gray  
Acting Commissioner of the Revenue  
52 West Main Street Suite 200  
Pulaski, VA 24301-5044**

**Must be filed by April 1**

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

**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	
<b>Amount of Relief</b>	