

Account # _____ **APPLICATION TAX EXEMPTION FOR VETERANS 100% SERVICE- CONNECTED DISABILITY** Tax Year 2022

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

Is the above residence occupied by a qualifying veteran? Yes No Is the residence rented or owned? Rent Own
 Is the qualifying veteran temporarily away from home? Yes No If YES, date he/she left home? _____
 Is the qualifying veteran deceased? Yes No If YES, stop here and talk to a staff member at our office.
 Qualifying vehicle to be exempted: Year _____ Make _____ Model _____
 Is the vehicle listed used by or for 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
_____ Preparer's Phone Number		

OFFICE USE ONLY

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

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

	<i>Non-Exempt</i>	<i>Exempt</i>
Vehicle #1 Value		
Vehicle #2 Value		
Vehicle #3 Value		
Vehicle #4 Value		
Vehicle #5 Value		
Total Value:		
Tax Rate:		
Tax Levy		