



**Sarah K. Webb**  
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## Disabled Veteran Personal Property Tax Exemption

The Constitution of Virginia, Article X, Section 6(A)(8)] exempts from taxation, one motor vehicle owned and used primarily by or for any Veteran of the Armed Forces or Virginia National Guard who meets certain qualifying criteria. To qualify, the veteran must provide documentation from the US Department of Veterans Affairs indicating that he/she has either a 100% Service-Connected AND Permanent AND Total Disability rating OR a total (100%) disability rating on basis of individual un-employability due to a service-connected disability (TDIU).

This exemption only applies to one motor vehicle and includes only an automobile or pickup truck, which is owned and used primarily by or for a Veteran of the Armed Forces of the United States or the Virginia National Guard. In addition, any such motor vehicle owned by a married person may qualify if either spouse is a Veteran of the Armed Forces or Virginia National Guard who is 100% Service-Connected, Totally and Permanently Disabled.

You must notify the Commissioner of the Revenue's office to process this exemption, change the vehicle or when you dispose of the vehicle listed. To receive the personal property tax exemption, please complete details below.

| Registered Owner Information |                 |            |                 |
|------------------------------|-----------------|------------|-----------------|
| First Name:                  | Middle Initial: | Last Name: |                 |
| Address:                     |                 |            | Effective Date: |
| Vehicle Information          |                 |            |                 |
| Year                         | Make            | Model      |                 |
| License Plate #              |                 | Title #    |                 |
| VIN#                         |                 |            |                 |

I certify that the above information is true and correct to the best of my knowledge and/or belief.

**Print Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_