

# REAL ESTATE TAX EXEMPTION APPLICATION



Sarah K. Webb  
Commissioner of the Revenue  
P.O. Box 190  
Yorktown, VA 23690-0190  
P: (757) 890-3382 | F: (757) 890-3389  
W: [www.yorkcounty.gov/revenue](http://www.yorkcounty.gov/revenue)  
E: [revofc@yorkcounty.gov](mailto:revofc@yorkcounty.gov)

**TAX YEAR**  
**2026**

## EXEMPTION FOR OWNERS WHO ARE THE SURVIVING SPOUSE OF A QUALIFIED DISABLED VETERAN Code of Virginia § 58.1-3219.5

Name of Surviving Spouse:	Social Security #:	Phone #:
Name of Deceased Spouse (Disabled Veteran):	Date of Death: (must have occurred on or after January 1, 2011)	
Resident Address:	Mailing Address, if different than Resident Address:	

IS THE SURVIVING SPOUSE CURRENTLY RECEIVING AN EXEMPTION FROM REAL ESTATE TAX ON ANY OTHER PROPERTY IN ANY OTHER LOCALITY? Yes  No

IS THIS PROPERTY CURRENTLY OCCUPIED AS THE PRINCIPAL RESIDENCE BY THE SURVIVING SPOUSE?  
Yes  No

DATE THIS PROPERTY BECAME THE SURVIVING SPOUSE'S PRINCIPAL RESIDENCE: \_\_\_\_\_

HAS THE SURVIVING SPOUSE REMARRIED? 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.

### PLEASE PROVIDE THE FOLLOWING:

- Documentation from the U. S. Department of Veterans Affairs indicating the Veteran's disability was 100% service-connected, permanent and total.
- Copy of Veteran's death certificate showing that death occurred on or after January 1, 2011.
- Proof of marriage.
- Copy of Surviving Spouse's current Virginia driver's license.
- Copy of Surviving Spouse's recent utility bill as proof of residency.

**In the event that this property is no longer your principal place of residence or if you get remarried, you must notify the Commissioner of the Revenue immediately.**

**AFFIDAVIT:** I declare, under penalties provided by law, that this affidavit has been completed by me and that all of the information provided is true and correct.

\_\_\_\_\_  
Signature of Surviving Spouse

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date

**APPLICATION SITE:** Apply in person at the Commissioner of the Revenue's Office located at 120 Alexander Hamilton Blvd., Yorktown, VA 23690. Applications are accepted Monday through Friday from 8:15 a.m. to 4:30 p.m.