



**REAL ESTATE TAX EXEMPTION  
APPLICATION**

Tax Year  
**2021**

**Ann H. Thomas  
Commissioner of the Revenue  
P.O. Box 190  
Yorktown, Va. 23690-0190**

**Need Assistance?  
(757) 890-3382**

**Application may be mailed or submitted through the document portal**

**EXEMPTION FROM TAXES ON PROPERTY FOR DISABLED VETERANS  
Code of Virginia § 58.1-3219.5**

**LETTER FROM VA 100% SERVICE-CONNECTED PERMANENT & TOTAL DISABILITY:**

- being submitted by MAIL
- being submitted through the DOCUMENT PORTAL
- on FILE

**GPIN 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 OR SURVIVING SPOUSE?     Yes     No

ARE YOU CURRENTLY RECEIVING AN EXEMPTION FROM REAL ESTATE TAX ON ANY OTHER REAL PROPERTY IN ANY OTHER LOCALITY?     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.

**Declaration:** 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.

*(If submitting by the DOCUMENT PORTAL, this application must be initialed, which will be the equivalent of your signature)*

Owner's Initials: \_\_\_\_\_ Co-Owner's Initials: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

Preparer's Initials: \_\_\_\_\_ Preparer's Email: \_\_\_\_\_ Date: \_\_\_\_\_

*(If submitting by MAIL, this form must be signed)*

Owner's Signature: \_\_\_\_\_ Co-Owner's Signature: \_\_\_\_\_

Preparer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(It is recommended that you PRINT and/or SAVE a copy for your records)**

To submit this form through the document portal, please save your completed form and upload it [here](#).

**OFFICE USE ONLY**

|   |   |
|---|---|
| Owner of Record:  | Account Number:   |
| Qualifies?<br><input type="checkbox"/> Yes <input type="checkbox"/> No<br>If no, explain why: | Qualifies as:<br><input type="checkbox"/> Veteran 100% service-connected permanent and total disability |

|                            |  |
|----------------------------|--|
| Land Value                 |  |
| Building Value             |  |
| Total Value:               |  |
| Tax Rate:                  |  |
| Total Taxes                |  |
| <b>Amount of Exemption</b> |  |