



**REAL ESTATE TAX EXEMPTION
APPLICATION**

Tax Year
2022

**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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why:	Qualifies as: <input type="checkbox"/> Veteran 100% service-connected permanent and total disability

Land Value	
Building Value	
Total Value:	
Tax Rate:	
Total Taxes	
Amount of Exemption	