



**REAL ESTATE TAX EXEMPTION  
APPLICATION**

Tax Year  
**2023**

**Brandy N. Palazzone  
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:			

ARE YOU CURRENTLY RECEIVING AN EXEMPTION FROM REAL ESTATE TAX ON ANY OTHER REAL PROPERTY IN ANY OTHER LOCALITY? Yes ▪ No ▪

IS THIS PROPERTY OCCUPIED AS THE PRINCIPAL RESIDENCE BY THE QUALIFYING VETERAN OR SURVIVING SPOUSE? 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.

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

**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	
<b>Amount of Exemption</b>	