



**COMMISSIONER OF THE REVENUE**

3834 Old Buckingham Rd. Ste. C  
 Powhatan, Virginia 23139  
 (804) 598-5616

Commissioner  
 James B. Timberlake, II

Deputies  
 Latasha C. Bouldin  
 Tina H. Durr  
 Latoya C. Turner  
 Travis E. Delaney  
 Melissa Hutchison  
 Amy Adams  
 Susan L. Blankenship

**TAX EXEMPTION APPLICATION FOR VETERANS 100%  
 SERVICE CONNECTED DISABILITY**

**APPLICANT INFORMATION**

NAME (Applicant /Owner):	Social Security Number:	Phone Number:
NAME (Spouse/Co-Owner)	Social Security Number:	Phone Number
Street Address:	Mailing Address (if different):	
Certificate/Letter from Veteran Affairs showing 100% Service Related Disability :		
Attached <input type="checkbox"/> On File <input type="checkbox"/>		

**PROPERTY INFORMATION:**

Tax Map Number:	Owner of Record:
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I (we) declare, under penalties provided by law, that this property is occupied as the principal residence by the qualifying veteran and that this affidavit has been examined by me (us) and to the best of my (our) knowledge is true, correct and complete.

\_\_\_\_\_  
 Signature of Applicant/Owner

\_\_\_\_\_  
 Signature of Co-Owner/Spouse

\_\_\_\_\_  
 Date

**OFFICE USE ONLY:**

Qualifies: Yes	No
Land Value ( 1 Acre)	
Building Value	
Total Value	
Tax Rate	
Amount of Relief	