

Commissioner of the Revenue
Post Office Box 15285
Chesapeake, Virginia 23328

Surviving Spouses of a Disabled Veteran Real Estate Tax Exemption Application

Please read all the information before completing the Application Form.

Required Documentation:

- **CURRENT (most recent) Dependency and Indemnity Compensation (DIC) letter:** Must be rated by the U.S. Department of Veterans Affairs (or its successor agency) **OR** Verification from the VA that the veteran met the eligibility requirements at the time of death, PLUS the Federal Income Tax Return filed jointly by the veteran and spouse for the tax year preceding the veteran's death
- **ORIGINAL letter granting the surviving spouse DIC with the beginning effective date**
- **MARRIAGE CERTIFICATE**
- **A certified copy of the veteran's death certificate:** confirming the date of death was on or after January 1, 2011
- As the surviving spouse, you must have been married to the veteran on or after January 1, 2011
- The death of the veteran must have occurred on or after January 1, 2011
- **IDs Required:**
 - A copy of a Virginia driver's license showing the correct and current address
 - A valid military ID, if applicable
- **Proof of Residence:**
 - A recent gas or electricity bill in the name of the applicant for the principal residence.
- **If** ownership of the property is held by a trust, a copy of the trust document,
- **If** ownership of the principal residence is held by two or more people (excluding the qualified spouse), not all of whom qualify for this exemption, additional documentation may be required. Contact the Commissioner of the Revenue's Office for more details.
- **If** other residential property or land is owned by the deceased veteran or spouse, documentation from the taxing locality verifying whether or not any real estate tax relief or deferral has been granted is required.
- Other documentation may be required to determine the level of exemption.

*The application must be signed in the presence of an employee of the Commissioner of the Revenue.
If you have any questions, call the Commissioner of the Revenue's Office at 757-382-6455, option 5*

Office Use Only

Date Received: _____ By Whom: _____



City of Chesapeake

Office Use Only

New SS: _____ Continued SS: _____

DIC Eff. Date: _____

Decd Vet. P/T & 100% S/C Prior to Death
Y N

Excess Land: Y N

Parcel #: _____

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You MUST provide the REQUIRED DOCUMENTATION found on the instructional page. When completing the application below, please print or type, and fill in all applicable information

Name of Surviving Spouse (<i>Last, First, Middle Initial</i>)		Date of Birth	Social Security Number				
Name of Deceased Veteran (<i>Last, First, Middle Initial</i>)	Date of Birth	Date of Death	Social Security Number				
Applicant's Marital Status (<i>Check One</i>): ☐ Widow(er) ☐ Married, Effective Date:: ☐ Divorced, Effective Date::							
Property Address for which tax exemption is being claimed (<i>Street Address, City, State, Zip Code</i>) ☐ R.E. ☐ MH			Office Use Only DOP/Deed				
Legal Ownership of Residence (<i>Check One</i>): ☐ Deceased Veteran and Spouse ☐ Veteran Only ☐ Spouse Only ☐ Other - List Name(s) and Relationship to Applicant:							
Does the applicant occupy the listed property as his/her principal place of residence? ☐ Yes ☐ No Effective Move In Date:							
If married, does your spouse occupy the listed property as his/her principal place of residence? ☐ Yes ☐ No Effective Move In Date:							
If the veteran is deceased, has the surviving spouse remarried? ☐ Yes ☐ No If Yes, Effective of Date Remarried:							
Does the deceased Veteran and/or spouse <u>own other residential OR land property</u> in Virginia or elsewhere? ☐ Yes ☐ No, <i>If Yes, list any properties below</i> (Attach a separate page if needed)							
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Rental Y/N</i>	<i>Relief of Taxation Start/End Dates</i>	<i>NO Relief</i>
Property 1: _____		_____	_____	_____	_____	_____	_____
Property 2: _____		_____	_____	_____	_____	_____	_____
Property 3: _____		_____	_____	_____	_____	_____	_____
Mailing Address (<i>if different from property address</i>)			Phone #		Email Address		

This Affidavit must be signed in the presence of an employee of the Commissioner of the Revenue.

AFFIDAVIT: *Under penalty of perjury*, I hereby certify and attest that the answers given in this official document are true and correct. I understand additional information and/or documentation may be required for determining eligibility and/or continuing eligibility of this tax exemption. I affirm that I have the duty to report to the Commissioner of the Revenue any changes in principal residence, disability status, ownership of property, marital status, death of any person having legal ownership in the property, or any other information relating to this tax exemption.

Applicant's Signature: _____

Applicant's Name (*Please Print*): _____

NOTARY PUBLIC

STATE OF VIRGINIA, CITY OF CHESAPEAKE, to wit: Subscribed and sworn to me, the undersigned Notary Public, on this _____ day of _____, _____.

Notary Public

Notary Registration #: _____

My commission expires: _____

Notary Stamp