

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

Disabled Veterans

Real Estate Tax Exemption Application

Please read all the information before completing the Application Form.

Required Documentation:

Before applying for this tax exemption, a qualified Veteran must have written documentation from the U.S. Department of Veterans Affairs (VA), that certifies the Veteran has

- a) a service-connected disability that is permanent in nature, and*
- b) a combined evaluation rating of 100% or is being paid at the 100% rate due to individual unemployability, and*
- c) has been determined by VA to be permanently and totally disabled with no future examinations required, and*
- d) certifies the effective date of the combined rating of 100% (or of unemployability) and*
- e) the effective date VA determined the Veteran to be permanently and totally disabled.*
- **CURRENT** (most recent) Summary of Benefits letter that is from the VA of all eligibility requirements listed in Section #1 above.
 - Date of Service connection or 100% Unemployability granted, **and**
 - Date of Permanent and Total granted, **and**
- **IDs Required:**
 - Military ID and Virginia Driver's License (with address of principal residence), **and**
- **Proof of Residence**
 - A recent gas or electric bill in the name of the applicant for the principal residence; **and**
- **MARRIAGE CERTIFICATE** (if applicable); **and**
- Copy of your most recently filed Federal and State return, **and**
- Full or partial ownership of ANY other residential property by the veteran or spouse must have documentation from the taxing locality, verifying whether or not any real estate tax relief or deferral has been granted.
- ***If*** the veteran's spouse is Active Duty, you must provide a current LES and mark the applicable space on the application.
- ***If*** any person currently listed on the deed of the property is deceased, a certified copy of his/her death certificate.
- ***If*** ownership of the property is held by a Trust, a copy of the trust is required.
- ***If*** ownership of the principal residence is held by two or more people (excluding the qualified veteran and spouse), not all of whom qualify for this exemption, additional documentation may be required.

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

SC: _____ % Eff: _____

P/T Eff: _____

Parcel/Acct#: _____

RETR: Y or N Excess Land: Y N

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Disabled Veteran **Real Estate Tax Exemption Application**

You MUST provide the required documentation found on the instructional page.

Please print or type when filling in all applicable information.

Name of Disabled Veteran (<i>Last, First, Middle Initial</i>)				Date of Birth		Social Security Number		
Name of Spouse (<i>Last, First, Middle Initial</i>)			☐ <i>Active Duty, if checked, ST Residency:</i>		Date of Birth		Social Security Number	
Veteran's Marital Status (<i>Check One</i>): ☐ Single ☐ Married-Effective Date: _____ ☐ Widow(er) ☐ 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>): ☐ Veteran and Spouse ☐ Veteran Only ☐ Spouse Only ☐ Other - List Name(s) and Relationship to Applicant: _____								
Do you, the veteran, 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: _____								
Do you, the 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)								
Address		City	State	Zip Code	Rental Y/N	Relief of Taxation Start/End Dates	NO Relief	
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 certify and attest that the answers in this official document are true and correct. I understand that additional information and/or documentation may be required for determining eligibility and/or continuing eligibility of this tax exemption. I affirm that I must 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