LOUDOUN COUNTY VIRGINIA

Commissioner of the Revenue

Robert S. Wertz, Jr.
Web loudoun.gov/COR
Phone 703-777-0260

Mailing Address
PO Box 8000, Leesburg, VA 20177-9804
In-person Service
Leesburg - 1 Harrison Street SE, 1st Floor
Sterling - 46000 Center Oak Plaza

Disability Affidavit for Tax Relief

Applicant: Authorization to Disclose Health Information

I, _____, of _____ in Loudoun County, Virginia,
Applicant's Full Legal Name (Print) Applicant's Street Address

voluntarily consent and authorize _____ to disclose my individually
Licensed Medical Provider Name

identifiable health information to the Loudoun County Commissioner of the Revenue's Office as part of my application to the County's Tax Relief Program.

Applicant Signature _____ Date Signed _____

Licensed Medical Provider: Affidavit - Sign before a Notary Public

The Code of Virginia 58.1-3217 states: "Permanently and totally disabled shall mean unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment or deformity which can be expected to result in death or can be expected to last for the duration of such person's life."

I, _____, _____, swear or affirm that I am a medical doctor licensed to
Provider's Full Legal Name Provider's Credentials

practice in the Commonwealth of Virginia or am practicing medicine as an active duty military officer. On _____,
Date

I either ◯ thoroughly examined **or** ◯ completed review of the medical file of _____
Name of Patient/Applicant

and I found them to have a medically determinable physical and/or mental disability since _____, which
Date Disability Began

prevents substantial gainful activity and is expected to result in their death or last for the duration of their life.

I have read the portion of Virginia law provided above and I find this patient's medical condition(s) to be (1) totally disabling and (2) permanent in nature.

Signature _____ Date _____

Provider Street Address _____ City _____ Zip _____

Notary Public - In the Commonwealth of Virginia, City/County of _____:
I certify that the above-named person, being first identified and duly sworn by me, affirmed that the statements given are true and correct.

SEAL

Subscribed and acknowledged before me on this
_____ day of _____, 20 _____.
Notary Public _____
Registration No. _____
Commission Expires _____

Disability Affidavit for Tax Relief

General Information

Use this form for disability verification by a medical provider, if applicable, and submit when the applicant is applying for Real Estate and/or Vehicle Tax Relief.

When seeking tax relief through Loudoun County, applicants may verify that they meet the criteria in Virginia law for having a "permanent and total disability" in one of four ways. These include providing disability certification from the Social Security Administration, the Department of Veterans Affairs, the Railroad Retirement Board, or, by providing sworn affidavits from two medical doctors licensed in Virginia or two military officers who practice medicine in the U.S. Armed Forces. If choosing to submit sworn affidavits, this form should be used for each practitioner. At least one of these practitioners must have examined the applicant while the other may have examined the applicant's medical record(s).

Review relevant info at loudoun.gov/TaxRelief-Older-Disabled. You can find online forms at loudoun.gov/COR-Forms.

Need help? Staff assistance is available Monday through Friday, during County business hours. To reduce your wait time, we encourage scheduling an appointment. We are open **8:30 AM to 5:00 PM** in:

Leesburg	Sterling
1 Harrison St. SE, 1st Floor	46000 Center Oak Plaza

For assistance with a specific topic, email or call:

Residential Real Estate	realestate@loudoun.gov	703-777-0260, option 3
Tax Relief, Exemptions & Deferrals	trcor@loudoun.gov	703-737-8557
Vehicle Personal Property	cartax@loudoun.gov	703-777-0260, option 1

Accommodations: To request language assistance or a reasonable accommodation for any type of disability to access this form, please contact taxrelief@loudoun.gov or 703-737-8557/TTY-711. Advance notice is requested.

Privacy: This Office protects records according to applicable Virginia statutes and U.S. federal laws. Any personal information we collect and maintain is retained in compliance with statute.

Instructions

1. **Authorization to Disclose Health Information** - The tax relief applicant completes this section, authorizing their healthcare provider to complete the affidavit.
2. **Affidavit**- The Virginia-licensed medical doctor or active duty military officer who practices medicine with the U.S. Armed Forces completes this section and signs before a notary to verify that the applicant has a permanent and total disability, according to the definition in Virginia law.
3. **Submit** this form in-person at one of the locations listed above or:

   Mail it to: Loudoun County Commissioner of the Revenue
   Attn: Tax Exemptions & Deferrals
   PO Box 8000, Leesburg, VA 20177-9804