

Francis X. King
 Commissioner of the Revenue
 Post Office Box 15285
 Chesapeake, Virginia 23328

Real Estate Tax Exemption Application Instructions for a Surviving Spouse of a Public Safety Member Killed in the Line of Duty

Please read all information before completing the Application Form.

1. Before applying for this tax exemption, an applicant needs to obtain a letter of determination from either the Virginia Retirement System or Virginia Comptroller which meets the following requirements:
 - is an original, not a photocopy or faxed copy and has no alterations; *and*
 - verifies the deceased spouse was a member of the *Virginia Line of Duty Act (LODA)*; *and*
 - verifies the deceased spouse was killed in the line of duty as the direct or proximate result of performance of duty, on or after April 8, 1972; *and*
 - verifies the surviving spouse is/was the designated beneficiary for death benefits under the *Virginia Line of Duty Act (LODA)*

2. Carefully review and answer *all questions* on the application form.

3. The application must be signed in the presence of an employee of the Chesapeake Commissioner of the Revenue's Office.

4. Documentation required when filing an application:
 - Original determination letter from the Virginia Retirement System or Virginia Comptroller (as explained in Section #1 above); *and*
 - Certified death certificate of the spouse killed in the line of duty; *and*
 - Certificate of Marriage *and*
 - Applicant's Virginia Driver's License or Virginia Identification Card (with address of principal residence); *and*
 - A recent utility bill in the applicant's name *for the principal residence*; *and*
 - *If* any person(s) currently listed on the deed of the property is/are deceased, a certified copy of the death certificate; *and*
 - *If* ownership of the residence recently changed, a copy of the newly recorded deed; *and*
 - *If* ownership of the residence is held in a trust or held by a trustee, a copy of the trust document; *and*
 - *If* ownership of the residence is jointly owned by two or more individuals, including the the surviving spouse, additional documentation maybe required to determine the level of exemption for which the applicant may be eligible; *and*
 - *If* other residential property is owned by the applicant, documentation from the taxing locality verifying whether or not any real estate tax relief or deferral has been granted.
 - Other documentation *maybe required* to determine the level of exemption.

If you have any questions, please call the Chesapeake Commissioner of the Revenue's Office at 757-382-6455.



City of Chesapeake

Francis X. King
Commissioner of the Revenue
Post Office Box 15285
Chesapeake, Virginia 23328

Office Use Only
 Beneficiary
 KLD Date: _____
 Initials _____ Date _____

Real Estate Tax Exemption Application For a Surviving Spouse of a Public Safety Member Killed in the Line of Duty

Carefully read the instructional page before completing an application. Please type or print required information.

Name of Applicant (Surviving Spouse) (Last, First, Middle Initial)		Date of Birth	Social Security No.				
Name of Deceased Spouse (Last, First, Middle Initial)		Date of Birth	Date of Death	Social Security No.			
Applicant's Current Marital Status (Check One): <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Divorced If Divorced, Effective Date: _____							
Property Address for which tax exemption is being claimed (Street Address, City, State, Zip Code) <input type="checkbox"/> R.E. <input type="checkbox"/> MH				Office Use Only DOP/Deed			
Legal Ownership of Residence (Check One) <input type="checkbox"/> Surviving Spouse Only <input type="checkbox"/> Other: List Name(s) and Relationship to Applicant _____							
Do you occupy the listed property as your principal place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Date: _____							
Have you remarried at any time since the death of the Public Safety Member? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Effective Date: _____							
Do you own other residential property? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list all properties below. (Attach Separate Page If Needed)							
	Street Address	City	State	Zip Code	Occupancy	Relief of Taxation Start/End Dates	Relief
Property 1:	_____	_____	_____	_____	_____	_____	_____ %
Property 2:	_____	_____	_____	_____	_____	_____	_____ %
Property 3:	_____	_____	_____	_____	_____	_____	_____ %
Mailing Address (if different from principal residence)			Home Phone #	Email Address			

REQUIRED DOCUMENTATION: See Instructions Page for documentation required to accompany this application.

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

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 for this tax exemption. I affirm that I have the duty to report to the Commissioner of the Revenue any changes in principal residence, ownership of property, marital status, 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 ID: _____

My commission expires: _____