

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

Real Estate Tax Exemption Application Instructions for Disabled Veterans or Surviving Spouses

Please read all information before completing the Application Form.

- Before applying for this tax exemption, a qualified Veteran or surviving spouse needs written documentation from the U.S. Department of Veterans Affairs (VA), that certifies the Veteran has
 - 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 if applicable) **and** ^{e)} the effective date VA determined the Veteran to be permanently and totally disabled.

All VA documents must be originals, not photocopies or faxed copies and has no alterations.

- Documentation required when filing an application:

- Verification from VA of all eligibility requirements listed in Section #1 above; *and*
- Military ID and Virginia Driver's License (with address of principal residence) *and*
- A recent utility bill in the name of the applicant for the principal residence; *and*
- Marriage certificate; *and*
- **If a surviving spouse is applying.....**
 - certified copy of the Veteran's death certificate confirming the date of death was on or after January 1, 2011; *and*
 - verification the surviving spouse is receiving *Dependency and Indemnity Compensation* (DIC) **or**
 - verification from 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; *and*
- **If** any person currently listed on the deed of the property is deceased, a certified copy of his/her death certificate; *and*
- **If** ownership of the property has recently changed, a copy of the newly recorded deed (or the newly recorded Certificate of Title if the residence is a mobile home); *and*
- **If** ownership of the property is held by a trust, a copy of the trust document; *and*
- **If** ownership of the principal residence is held by two or more persons (excluding the qualified veteran and 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.
- For other residential property owned by the applicant or spouse, documentation from the taxing locality verifying whether or not any real estate tax relief or deferral has been granted.
- Other documentation may be required to determine the level of exemption.

- Carefully review and answer all questions on the application form.

- 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 757-382-6106 or 757-382-6733.



City of Chesapeake

Office Use Only

___ DV ___ DVSS ___ NEW ___ CONT.

SC _____ % Eff: _____

P/T Eff: _____ Excess Land: Y N

DIC Eff: _____

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Real Estate Tax Exemption Application
For Disabled Veteran or
Disabled Veteran's Surviving Spouse

Please type or print required information.

Carefully review instructional page.

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>)		Date of Birth	Social Security Number				
Applicant claiming this exemption (<i>Check One</i>): <input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse of a Deceased Veteran							
Applicant's Marital Status (<i>Check One</i>): <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced			Effective Date::				
Property Address for which tax exemption is being claimed (<i>Street Address, City, State, Zip Code</i>) <input type="checkbox"/> R.E. <input type="checkbox"/> MH			Office Use Only DOP/Deed				
Legal Ownership of Residence (<i>Check One</i>): <input type="checkbox"/> Veteran and Spouse <input type="checkbox"/> Veteran Only <input type="checkbox"/> Spouse Only <input type="checkbox"/> Other - List Name(s) and Relationship to Applicant:							
Does the applicant occupy the listed property as his/her principal place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			Effective Date:				
If married, does your spouse occupy the listed property as his/her principal place of residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			Effective Date:				
If the veteran is deceased, has the surviving spouse remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Effective Date:							
Does the applicant and/or spouse own other residential property? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If Yes, list any properties below</i> (Attach separate page if needed)							
		Relief of Taxation					
<i>Address</i>		<i>City</i>	<i>State</i>	<i>Zip Code</i>	<i>Occupancy</i>	<i>Start/End Dates</i>	<i>Relief</i>
Property 1: _____		_____	_____	_____	_____	_____	_____
Property 2: _____		_____	_____	_____	_____	_____	_____
Property 3: _____		_____	_____	_____	_____	_____	_____
Mailing Address (<i>if different from property address</i>)		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.

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: _____