

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

**Real Estate Tax Exemption Application Instructions for  
a Surviving Spouse of a Member of the Armed Forces Killed In Action**

**Please read all information before completing the Application Form.**

1. Before applying for this tax exemption, an applicant needs to obtain a *Report of Casualty* (DD1300 form) from the United States Department of Defense 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 United States Armed Forces; *and*
  - verifies the deceased spouse was *killed in action* as determined by the U.S. Department of Defense and in accordance to Code of Virginia §58.1-3219
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 *Report of Casualty* (DD1300 form) from the U.S. Department of Defense; *and*
  - Most recent letter of *Dependency and Indemnity Compensation* from the U.S. Department of Veteran Affairs (VA) *and*
  - Certificate of Marriage *and*
  - Applicant's Military ID and Virginia Driver's License (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, a copy of the trust document; *and*
  - ***If*** ownership of the residence is jointly owned by two or more individuals, including the surviving spouse, additional documentation maybe required to determine the level of exemption for which the applicant may be eligible.
  - 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 maybe required to determine the level of exemption.

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



City of Chesapeake

Office Use Only

AD  
 KIA Date: \_\_\_\_\_  
Initials: \_\_\_ Date \_\_\_\_\_

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### Real Estate Tax Exemption Application for a Surviving Spouse of a Member of the U.S. Armed Forces Killed in Action

Please type or print required information.

Carefully review instructional page.

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 Servicemember? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Date of Remarriage: _____							
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: \_\_\_\_\_