

Date Received: _____



City of Chesapeake

Rate Eligibility: Yes No

Lic Fee Exemp Eligibility: Yes No

Approved by: _____
Initials/DateCommissioner of the Revenue
Post Office Box 15285
Chesapeake, Virginia 23328

Disabled Veteran's Application for Lowered Vehicle Personal Property Tax Rate

The laws of Virginia and the City of Chesapeake provide that veterans with a qualifying disability shall be eligible for a reduced personal property rate on a *single* motor vehicle (automobile, pickup truck or motorcycle) owned and regularly used by the veteran for personal use. The reduced rate is \$0.09 on each one hundred (\$100.00) dollars of assessed value of the motor vehicle.

To qualify, the veteran must be certified by the U.S. Department of Veterans' Affairs (VA) to have one of the following service connected disabilities:

- has lost, or lost the use of, a leg, arm or hand **or**
- is blind (as defined in §46.2-100 of the Code of Virginia) **or**
- is permanently and totally disabled

Applicant Information:

Name of Disabled Veteran (<i>Last, First MI</i>)	Date of Birth
Street Address	
City, State, Zip Code	Phone #

Vehicle Information:

Year	Make	Model	Last 6 Digits of VIN	Va. License Plate #	Va. Title #
Primary Owner's Name			Relationship to Veteran		
Secondary Owner's Name			Relationship to Veteran		
Use of Vehicle <input type="checkbox"/> Personal <input type="checkbox"/> Business			Va. License Plate Type <input type="checkbox"/> DV <input type="checkbox"/> Regular Passenger <input type="checkbox"/> Other:		

REQUIRED DOCUMENTATION:

- Verification from VA with the actual effective dates of the qualification requirements (as stated above)
- Military ID and Virginia Driver's License (with address of principal residence) - copy front and back

**** Additional information and/or documentation maybe required****

The lowered tax rate is applied to one motor vehicle for a full tax year unless said vehicle is replaced. A new application is to be submitted to apply for the lowered vehicular tax rate on the replacement vehicle.

Affidavit: I hereby certify that the information provided in this official document is true and correct.

Signature of Veteran_____
Date

Remit your completed application and required documentation to the Commissioner of the Revenue's Office. If you have any questions, please contact us at 757-382-6730.