

Date Received: _____


City of Chesapeake

Exemption Eligibility: Yes No

Lic Fee Exemp Eligibility: Yes No

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

Disabled Veteran's Application for Vehicle Personal Property Exemption

The laws of Virginia and the City of Chesapeake provide that veterans with a qualifying disability shall be eligible for an exemption of the tax on a single motor vehicle (automobile, pickup truck) owned and primarily used by the veteran for personal use.

To qualify, the veteran must be a veteran of the Armed Forces of the United States or the Virginia National Guard who has been rated by the U.S. Department of Veterans Affairs or its successor agency pursuant to federal law with a 100 percent service-connected, permanent, and total disability shall be exempt from taxation. Any such motor vehicle owned by a married person may qualify if either spouse is a veteran who is rated as 100 percent 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 exemption 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 exemption 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.