



# Accomack County Virginia

## APPLICATION FOR REAL ESTATE TAX EXEMPTION FOR 100% DISABLED VETERANS

<b>**** FOR OFFICE USE ONLY****</b>		Land Value all acres	
Year	Acct#	Dwelling Value	
Parcel #		Combined Value	
Qualifies for Relief: <input type="checkbox"/> Yes <input type="checkbox"/> No		(Less acreage over)	
<b>If No explain:</b>		Total Value of Dwelling + 1 Acre	
		Qualifying Amount	
		Tax Rate	
		<b>AMOUNT OF RELIEF</b>	

<b><u>REQUIRED DOCUMENTATION:</u></b>		
<ul style="list-style-type: none"> <li>• Certification of veteran's disability being: (a) 100% service-connected; AND (b) permanent; AND (c) total.</li> <li>• (If Applicable) Surviving spouses must also provide a copy of the veteran's death certificate showing a date of death on or after January 1, 2011.</li> </ul>		
Name of Disabled Veteran ( <i>Last, First, Middle Initial</i> )	Date of Birth	Social Security No.
Name of Spouse ( <i>Last, First, Middle Initial</i> )	Date of Birth	Social Security No.
Applicant claiming this exemption ( <i>Check One</i> ): <input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse of a Deceased Veteran		
Property Address for which tax exemption is being claimed ( <i>Street Address, City, State, Zip Code</i> )		
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 Veteran:		
Is the above listed property the applicant's principal place of residence?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the above listed property occupied by the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If the veteran is deceased, has the surviving spouse remarried?	<input type="checkbox"/> Yes <input type="checkbox"/> No    If Yes, provide date:	
Mailing Address ( <i>if different from property address above</i> )	Home Phone	Alternate Phone

### AFFIDAVIT

**VETERAN:**

I declare, under penalty of perjury, that the above-listed physical address is occupied as my primary place of residence, that I have provided to this office the original, designated U.S. Department of Veterans Affairs letter issued to me attesting to my 100% service connected, permanent, and total disability, and that I understand I must reapply for tax relief if my primary place of residence changes. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Date

**OR**

**SURVIVING SPOUSE OF VETERAN:**

I declare, under penalty of perjury, that I am the Surviving Spouse of the above-listed Veteran, that I have presented to this office a certified copy of the Veteran's death certificate confirming a date of death on or after January 1, 2011, that I continue to occupy the above-listed physical address as my primary place of residence, that I have provided to this office the original, designated U.S. Department of Veterans Affairs letter issued to the Veteran attesting to his/her 100% service-connected, permanent, and total disability, and that I have not remarried. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Veteran

\_\_\_\_\_  
Date