

**APPLICATION FOR REAL ESTATE TAX EXEMPTION
FOR 100% SERVICE CONNECTED DISABLED VETERANS**

OFFICE OF COMMISSIONER OF THE REVENUE
SHERMAN A. HOLLAND
215 CHURCH AVE SW ROOM 213
ROANOKE, VA 24011
(540) 853-2523

Name of Veteran: _____
(Last) (First) (Middle)

Name of Spouse Occupying Home: _____
(Last) (First) (Middle)

Address of Primary Residence: _____
(Street No.) (Street Name) (City) (State) (Zip)

Home Telephone Number or Contact Number: _____

Please check the appropriate box:

- The home is owned by the Veteran, and is my primary place of residence.
- The home is jointly owned by the Veteran and Spouse, and is the primary place of residence.

Date of occupancy _____

Required Documentation:

- Original letter from the U.S. Department of Veterans Affairs, or its successor agency specifying 100% service-connected permanent and totally disabled and the effective date.
- Photo Identification
- Proof of residence (current electric/water/cable bill, etc.)

I affirm that the above information is true to the best of my knowledge as set forth in the Code of Virginia § 58.1-3219.5 Section 5 that the address provided is my primary place of residence and that I have presented to this office the original, designated U.S. Department of Veteran Affairs letter issued to me. I also understand I must notify this office if my principal place of residence changes.

Applicant's Signature _____ Date _____

Any false statement made in connection with the filing of this Affidavit shall constitute a misdemeanor, punishable by fine not exceeding \$500.00 and confinement in jail not exceeding six months.

FOR OFFICE USE ONLY

Tax Map No.	Land Value Exemption	Building Value Exemption

Date: _____

Processed by: _____
Commissioner of the Revenue/Deputy

Effective Date of Exemption _____

(The exemption would apply for tax year beginning on or after January 1, 2011 and not to exceed one acre of land.)

