



Tax Year
2015

APPLICATION TAX RELIEF FOR VETERANS 100% SERVICE-CONNECTED DISABILITY

Judy K. Miller
Commissioner of the Revenue
P.O. Box 347
Norton, Va. 24273

Need Assistance?
(276) 679-0031

Must be filed by April 1

APPLICANT INFORMATION

CERTIFICATE/LETTER FROM VA 100% SERVICE-CONNECTED DISABILITY ATTACHED YES

ON FILE YES

NAME:

MAP NUMBER:

Name (Applicant/Owner):	Social Security #:	Birth Date:	Age:	Phone #:
Name (Co-Owner/Spouse):	Social Security #:	Birth Date:	Age:	Phone #:
Mailing Address:	Street Address if different than Mailing Address			

Is this property occupied as the principal residence by the qualifying veteran? Yes No

Disclaimer: The Constitution has been amended. The General Assembly will have to pass this legislation during the 2011 session before we can exempt any veteran's property.

Privacy Act Notice: Disclosure of your social security number on this form is mandatory, as authorized by the Virginia State Code Section §58.1-3017. Social security numbers are regarded as confidential, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose.

I (we) declare, under penalties provided by law, that this affidavit has been examined by me (us) and to the best of my (our) knowledge and belief is true, correct, and complete.

_____ Signature of Applicant/Owner	_____ Signature of Co-Owner/Spouse	_____ Date
_____ Signature of Preparer (if not applicant)	_____ Relationship	_____ Date
_____ Phone Number		

OFFICE USE ONLY

Owner of Record:	Map Number:
Qualifies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why:	Qualifies as: <input type="checkbox"/> Veteran 100% Service Related Disability

Land Value	
Building Value	
Total Value:	
Tax Rate:	
Total Taxes	
Amount of Relief	