



CITY OF NEWPORT NEWS

Commissioner of the Revenue

PRISCILLA S. BELE
Commissioner

SANDRA A. KUREK
Chief Deputy

DISABLED VETERAN REAL ESTATE TAX EXEMPTION APPLICATION

Name of Veteran (Last, First, Middle Initial)		Social Security Number	
Name of Spouse (Last, First, Middle Initial)		Social Security Number	
Address of Principal Residence to be Exempted from Local Real Estate Tax			Zip Code
Mailing Address (If different from principal residence address)			
Home Phone Number		Alternate Phone Number	
Are you and your spouse joint owners of the principal residence listed above?			<input type="checkbox"/> YES <input type="checkbox"/> NO
Is the principal residence listed above occupied by the veteran?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If the veteran is deceased (on or after January 1, 2011), is the principal residence listed above occupied by the veteran's surviving spouse?			<input type="checkbox"/> YES <input type="checkbox"/> NO
If the veteran is deceased (on or after January 1, 2011), has the above-named surviving spouse remarried?			<input type="checkbox"/> YES <input type="checkbox"/> NO

- Veteran:** I declare, under penalty of law, that the following statements are true and correct:
- That the above stated physical address is occupied as my principal place of residence, and
 - That I have presented to this office the original, designated letter from the U.S. Department of Veterans Affairs issued to me attesting that I am 100% service-connected, permanently and totally disabled, and
 - That I understand I must reapply for exemption if my principal place of residence changes.

OR

- Surviving Spouse of Veteran:** I declare, under penalty of law, that the following statements are true and correct:
- That I am the surviving spouse of the above named qualified veteran, and
 - 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, and
 - That I have presented a certified documentation of marriage to the above qualified veteran, and
 - That I continue to occupy the exempted property as my principal residence, and
 - That as the surviving spouse of the eligible veteran, I have not remarried, and
 - That I understand I must notify this office if I remarry and continue to reside at the residence above.

Signature of Veteran _____ Date _____

OR

Signature of Surviving Spouse _____ Date _____