



TIFFANY M. BOYLE
Commissioner of the Revenue

Commissioner of the Revenue City of Newport News



VALERIE Y. GAINS
Chief Deputy

SURVIVING SPOUSE OF A DISABLED VETERAN REAL ESTATE TAX EXEMPTION APPLICATION

Name of Veteran (Last, First, Middle Initial)	Date of Birth (MM/DD/YYYY)	Social Security Number
Name of Spouse (Last, First, Middle Initial)	Date of Birth (MM/DD/YYYY)	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 owner of the principal residence listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you occupying the principal residence listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Is this the principal residence the same residence occupied by the veteran immediately prior to his/her death?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you own other residential property? If YES, what is the address? _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the other property have the Veteran exemption?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have you remarried? If yes, provide date of remarriage: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p>Surviving Spouse of Veteran: I declare, under penalty of law, the following statements are true and correct:</p> <ul style="list-style-type: none"> • 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 or after January 1, 2011, and • That I have presented certified documentation of marriage to the above qualified veteran, and • That I continue to occupy the exempted property occupied by the veteran immediately prior to his/her death 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. • I understand I must reapply for exemption if my principal place of residence changes. 		
Signature of Surviving Spouse _____		Date _____

