



COMMISSIONER OF THE REVENUE
 3834 Old Buckingham Rd. Ste. C
 Powhatan, Virginia 23139
 804-598-5616

James B. Timberlake, II
Commissioner
 Cheryl L. Jessie
 Susan L. Blankenship
 Tina H. Durr
 Andrea S. Harper
 Latoya C. Turner
 Latasha Bouldin
Deputies

**TAX RELIEF APPLICATION FOR VETERANS 100%
 SERVICE CONNECTED DISABILITY**

APPLICANT INFORMATION

NAME (Applicant /Owner):	Social Security Number:	Phone Number:
NAME (Spouse/Co-Owner)	Social Security Number:	Phone Number
Street Address:	Mailing Address (if different):	
Certificate/Letter from Veteran Affairs showing 100% Service Related Disability : Attached <input type="checkbox"/> On File <input type="checkbox"/>		

PROPERTY INFORMATION:

Tax Map Number:	Owner of Record:
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I (we) declare, under penalties provided by law, that this property is occupied as the principal residence by the qualifying veteran and that this affidavit has been examined by me (us) and to the best of my (our) knowledge is true, correct and complete.

 Signature of Applicant/Owner

 Signature of Co-Owner/Spouse

 Date

OFFICE USE ONLY:

Qualifies:	Yes	No
Land Value (1 Acre)		
Building Value		
Total Value		
Tax Rate		
Amount of Relief		