



## VETERAN APPLICATION PROPERTY TAX EXEMPTION

**Laura M. Ecimovic**  
 Commissioner of Revenue  
 P.O. Box 99  
 New Kent, Virginia 23124  
 Phone (804) 966 – 8594  
 Fax (804) 966 – 5562

INSTRUCTIONS	OFFICE USE ONLY
<ul style="list-style-type: none"> <li>The information required on this application must be filled out in its entirety and returned to the Commissioner of the Revenue. Spaces that are not applicable to the taxpayer should be completed with “Not Applicable” (N/A).</li> <li>A <u>copy of the applicant’s certification form</u> from the United States Department of Veterans Affairs verifying that the applicant has been awarded a 100% service-connected, permanent, and total disability must be attached.</li> <li>All information submitted with this application is confidential and is not open to the public. As needed, the phone number or email listed below may be called for assistance with this form.</li> </ul>	<p>Date Received:</p> <hr/> <p>Reviewed By:</p> <hr/> <p>Vision ID:</p> <hr/> <p>Bright ID:</p> <hr/> <p>Qualified <input type="checkbox"/> Unqualified <input type="checkbox"/></p>

### APPLICANT INFORMATION

	Name	Contact Information										
<b>Applicant</b>	<i>First Name, Full Middle Name, Last Name, Suffix</i>	<b>Contact Phone</b> ( ___ ) ___ - ____ - ____										
<b>Spouse</b>		<b>Contact Email</b>										
Applying for Real Estate Tax Exemption?      Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, complete sections 1a, 1b & 1c										
Applying for Personal Property Tax Exemption?      Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, complete section 2										
1a	Is this residence occupied by the applicant as the principal dwelling?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
1b	Is the applicant:	Owner <input type="checkbox"/> Part Owner <input type="checkbox"/>										
1c	Is the applicant the surviving spouse of a qualified veteran?	Yes <input type="checkbox"/> No <input type="checkbox"/>										
	<b>If Yes, have you remarried?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>										
2	<table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 5px;"> <tr> <th style="width: 10%;">Exempt Vehicle Information</th> <th style="width: 10%;">Year</th> <th style="width: 10%;">Make</th> <th style="width: 10%;">Model</th> <th style="width: 10%;">Vin#</th> </tr> <tr> <td colspan="5" style="text-align: center;">New Kent County is a non-prorating locality. Property taxes are based upon ownership as of 1/1 of the tax year. A new application is <b>only</b> required to <b>change</b> vehicle exemption.</td> </tr> </table>	Exempt Vehicle Information	Year	Make	Model	Vin#	New Kent County is a non-prorating locality. Property taxes are based upon ownership as of 1/1 of the tax year. A new application is <b>only</b> required to <b>change</b> vehicle exemption.					
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### PROPERTY INFORMATION

<b>Property Address</b>	
	<i>Street Address Only (No P.O. Box)</i>
<b>Mailing Address</b>	
	<i>If Mailing Address And Property Address Are Different</i>
<b>Tax Map Number</b>	

**IMPORTANT:** The false claiming of the exemption authorized in this section shall constitute a misdemeanor; any person convicted of falsely claiming such exemption may be punished by a fine not to exceed one thousand dollars, or confinement in jail not to exceed twelve months, either or both.

**Please See Reverse Side For Notarized Statement**

**VETERANS REAL PROPERTY  
TAX EXEMPTION AFFIDAVIT**

**Please have the following affidavit signed in the presence of a Notary prior to submitting the application.  
A Notary is available within the Commissioner of Revenue's office for your convenience.**

\_\_\_\_\_ personally came and appeared before  
APPLICANT(S) NAME  
me, the undersigned Notary, and made this his/her statement and General Affidavit upon oath and affirmation of belief and personal knowledge that the following statement is true and correct to the best of his/her knowledge.

I have reviewed and completed to the best of my ability the foregoing exemption application and swear that its contents are true to the best of my knowledge and belief.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

State of Virginia  
County of \_\_\_\_\_ to wit:

Subscribed and sworn (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

My commission expires \_\_\_\_\_

Registration No. \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**