



Montgomery County
Commissioner of the Revenue
Brenda H. Winkle, Commissioner of the Revenue

755 Roanoke St, Suite 1A Christiansburg, VA 24073

**Real Property Tax Relief Application
For Veterans With 100% Service-Connected Disability**

Applicant Information		
Name (Applicant/Owner):	Social Security #:	Phone #:
Name (Co-Owner/Spouse):	Social Security #:	Phone #:
Property Address:	Mailing Address (if different than Property Address):	
Certifications Certification from U.S. Department of Veteran Affairs of 100% Service Connected Disability attached or on file with Commissioner of the Revenue Yes <input type="checkbox"/> Is this property occupied as the principal residence by the qualifying veteran? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this property occupied as the principal residence by the qualifying veteran's Spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> Is this property jointly owned by the applicant and spouse? Yes <input type="checkbox"/> No <input type="checkbox"/> (if no please describe ownership arrangement)		
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, will not be disclosed for any other purpose.		

I (we) declare, under penalties provided by law, that this certification 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
_____ Daytime Phone Number		

IMPORTANT INFORMATION

QUALIFICATIONS:

- Disability of Veteran must be 100% service-connected AND permanent AND total.
- Residence must be Veteran's primary residence (proof, such as resident State tax return, may be requested).
- Spouse (if applicable) must also be identified.
- Deceased Veteran (if applicable) must have died on or after January 1, 2011.
- Surviving Spouse (if applicable) must not be remarried.

REQUIRED DOCUMENTATION:

- Certification of disability being: (a) 100% service-connected, AND (b) permanent, AND (c) total.
- (If applicable) Copy of Veteran's death certificate showing death occurred on or after January 1, 2011.

Pursuant to Article X, Section 6-A of the Constitution of Virginia, the General Assembly exempted from taxation the real property, including the joint real property of husband and wife, of any veteran who has been rated by the U.S. Department of Veterans Affairs or its successor agency pursuant to federal law to have a 100 percent service-connected, permanent and total disability, and who occupies the real property as his principal place of residence.

The surviving spouse of a veteran eligible for the exemption set forth in this article shall also qualify for the exemption, so long as the death of the veteran occurs on or after January 1, 2011 and the surviving spouse does not remarry.

The veteran or surviving spouse claiming the exemption under this article shall file with the Commissioner of the Revenue an affidavit or written statement (i) setting forth the name of the disabled veteran and the name of the spouse, if any, also occupying the real property, (ii) indicating whether the real property is jointly owned by a husband and wife, and (iii) certifying that the real property is occupied as the veteran's principal place of residence. The veteran shall also provide documentation from the U.S. Department of Veterans Affairs or its successor agency indication that the veteran has a 100 percent service-connected, permanent, and total disability. The veteran shall be required to re-file the information required by this section only if the veteran's principal place of residence changes. In the event of a surviving spouse of a veteran claiming the exemption the surviving spouse shall also provide documentation that the veteran's death occurred on or after January 1, 2011.

OFFICE USE ONLY

Owner of Record:			
PIN:		Acreage:	
Qualifies? Yes <input type="checkbox"/> No <input type="checkbox"/>		Entry Year:	
If no, explain why:			
		Exempted	Taxable
Land Value			
Building Value			
Total Value			
Tax Rate			
Total Taxes			
Amount of Relief			