



**TAZEWELL COUNTY, VIRGINIA**  
**DAVID R. ANDERSON, COMMISSIONER OF REVENUE**  
 135 COURT ST STE 301  
 TAZEWELL VA 24651-0020  
 PHONE: (276) 385-1235  
 FAX: (276) 988-5221  
 EMAIL: [danderson@tazewellcounty.org](mailto:danderson@tazewellcounty.org)



**REAL ESTATE TAX EXEMPTION APPLICATION FOR VETERANS WITH  
 100% SERVICE-CONNECTED, PERMANENT, AND TOTAL DISABILITY**  
 (Pursuant to Article X, 6-A of the Constitution of Virginia and Code of Virginia 58.1-3219.5 and 58.1-3219.6)

**QUALIFICATIONS:**

- >Veteran must have a 100% Service-Connected, Permanent and Total Disability
- >Real Estate must be owned by Veteran or Veteran and Spouse Only
- >Mobile homes taxed as Personal Property do not qualify
- >Real Estate must be Veteran's primary residence (Proof of residency may be requested ex: utility bill, resident State tax return, etc...)
- >Spouse must be included on the application (if applicable)
- >A disabled Veteran's death must have occurred on or after January 1, 2011
- >Surviving spouse cannot remarry to continue exemption
- >Surviving spouse must continue to reside in qualified primary residence to continue exemption

**APPLICATION REQUIREMENTS:**

- >Application from Tazewell County completed and signed by Veteran or surviving spouse
- >Letter from the Department of Veterans Affairs summarizing benefits information stating **100% Service-Connected Permanent and Total Disability** (Letter can be obtained by calling the Department of Veterans Affairs or obtaining the Veterans Form #21-4138 from the internet to be mailed or faxed. When filing for Veteran's real estate exemption, please bring original benefit letter. Letters with alterations will not be accepted.)
- >Photo Identification
- >Reapply and/or notify if primary residence changes (Exemption includes the qualifying dwelling and the land, not exceeding one acre upon which it is situated)
- >Surviving Spouse shall present a form of identification, Veteran's death certificate, marriage licenses, and sign surviving spouse certification

**APPLICANT INFORMATION**

|                                       |                                      |   |                  |
|---------------------------------------|--------------------------------------|---|------------------|
| NAME OF VETERAN (LAST, FIRST, MIDDLE) | RECEIVED 100% RATING MONTH/DATE/YEAR | SOCIAL SECURITY #   | TELEPHONE/CELL # |
| NAME OF SPOUSE (LAST, FIRST, MIDDLE)  |                                      | SOCIAL SECURITY #   | TELEPHONE/CELL # |
| MAILING ADDRESS:                      |                                      | PROPERTY ADDRESS FOR WHICH TAX EXEMPTION IS BEING CLAIMED (PHYSICAL OR 911) |                  |

REAL ESTATE TAX MAP NUMBER OF PRIMARY RESIDENCE:

DO YOU OWN ANY REAL ESTATE IN ANY OTHER COUNTIES IN VIRGINIA?  YES  NO

(IF YES, PLEASE LIST NAME REAL ESTATE IS TAXED IN \_\_\_\_\_ COUNTY \_\_\_\_\_, VA OR ATTACH A COPY OF THE TAX TICKET)

**CERTIFICATION**

I CERTIFY, UNDER PENALTIES PROVIDED BY LAW, THE INFORMATION AND ACCOMPANYING DOCUMENTATIONS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I AFFIRM IT IS MY RESPONSIBILITY TO REPORT TO THE COMMISSIONER OF REVENUE ANY CHANGES IN PRINCIPAL RESIDENCE, OWNERSHIP OF REAL ESTATE, DISABILITY STATUS, MARITAL STATUS, DEATH OF SPOUSE, OR OTHER INFORMATION RELATING TO VETERANS TAX EXEMPTION.

\_\_\_\_\_  
SIGNATURE OF VETERAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF SURVIVING SPOUSE OF VETERAN

\_\_\_\_\_  
DATE

PRIVACY ACT NOTICE: DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER ON THIS FORM IS MANDATORY AS AUTHORIZED BY VIRGINIA STATE CODE 58.1-3017. SOCIAL SECURITY NUMBERS ARE REGARDED AS CONFIDENTIAL, AND EXCEPT AS OTHERWISE PROVIDED BY LAW, THOSE NUMBERS WILL NOT BE DISCLOSED FOR ANY OTHER PURPOSES.