



**City of Alexandria, Virginia**  
**REAL PROPERTY TAX RELIEF FOR**  
**VETERANS WITH 100% SERVICE-CONNECTED DISABILITY**

**REQUIRED DOCUMENTATION:**

- Certification of veteran's disability being: (a) 100% service-connected; AND (b) permanent; AND (c) total.
- Surviving spouses must also provide a copy of the veteran's death certificate showing a date of death on or after January 1, 2011.
- Surviving spouses must also provide a copy of the marriage license
- A valid State issued identification card or motor vehicle license
- Proof of residency (i.e. utility bill, bank statement, voter registration card)

<b>APPLICANT INFORMATION</b>			
Name of Veteran ( <i>Last, First, Middle Initial</i> ):	Date of Birth:	Social Security No.:	Telephone No(s):
Name of Spouse ( <i>Last, First, Middle Initial</i> ):	Date of Birth:	Social Security No.:	Telephone No(s):
Address of Primary Residence to be Granted Local Real Estate Tax Relief :			
Mailing Address ( <i>if different from Primary Residence Address</i> ):			
Is the above-listed primary residence occupied by the veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the above-listed primary residence occupied by the veteran's surviving spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is the above-listed primary residence owned by the veteran or jointly owned by the veteran and spouse?		<input type="checkbox"/> Yes <input type="checkbox"/> No (If no, please describe ownership.)	
If the veteran is deceased, has the above-named surviving spouse remarried?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Certification from the U.S. Department of Veterans Affairs of 100% service-connected, permanent, and total disability is: <input type="checkbox"/> Attached <input type="checkbox"/> Already on file with the Department of Finance			
<b>CERTIFICATION</b>			
<b>VETERAN:</b> I declare, under penalty of perjury, that the above-listed physical address is occupied as my primary place of residence; that I have provided to this office the original, designated U.S. Department of Veterans Affairs letter issued to me attesting to my 100% service-connected, permanent, and total disability; and that I understand that I must reapply for tax relief if my primary place of residence changes. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.		<b>OR</b>	<b>SURVIVING SPOUSE OF VETERAN:</b> I declare, under penalty of perjury, that I am the Surviving Spouse of the above-listed Veteran; that I have presented to this office a certified copy of the Veteran's death certificate confirming a date of death on or after January 1, 2011; that I continue to occupy the above-listed physical address as my primary place of residence; that I have provided to this office the original, designated U.S. Department of Veterans Affairs letter issued to the Veteran attesting to his/her 100% service-connected, permanent, and total disability; and that I have not remarried. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.
Signature of Veteran	Date		Signature of Surviving Spouse
Signature of Preparer (if not Applicant)		Relationship	Telephone No.
			Date

**FOR MORE INFORMATION, CONTACT:**

Finance Department, Revenue Division Tax Services & Enforcement Telephone: 703.746.3901, Option 6 Fax: 703.548.6065 Email: taxrelief@alexandriava.gov	Mailing Address: P. O. Box 178 Alexandria, Virginia 22313  Physical Address: 4850 MarkCenter Dr, 2nd Floor Alexandria, Virginia 22311  Website Address: alexandriava.gov/TaxRelief
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**IMPORTANT INFORMATION**

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/her primary place of residence. **Please note** that a Veteran will be considered to have a 100 percent service-connected disability if the Veteran's service connection is rated at less than 100 percent, but the Veteran is paid at the 100 percent disability rate due to unemployability.

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 occurred on or after January 1, 2011, the Surviving Spouse does not remarry, and the Surviving Spouse continues to occupy the real property as his/her primary place of residence.

The Veteran or Surviving Spouse claiming the exemption under this Article shall file with the Commissioner of the Revenue an Application, including Certification:

- (a) Setting forth the name of the disabled Veteran and the name of the Spouse (if any) also occupying the real property;
- (b) Indicating whether the real property is owned by the veteran **or** jointly owned by the veteran and his or her spouse;
- (c) Certifying that the real property is occupied as the primary residence by either the Veteran or Surviving Spouse (if applicable); and
- (d) Certifying that the Surviving Spouse (if applicable) has not remarried.

The Veteran or Surviving Spouse shall also provide documentation from the U.S. Department of Veterans Affairs or its successor agency indicating that the Veteran has a 100 percent service-connected, permanent, and total disability (whether rated as 100 percent or paid at the 100 percent rate). The Veteran shall only be required to re-file the required information if the Veteran's primary residence changes. If a Surviving Spouse of a Veteran is applying for the exemption, the Surviving Spouse shall also provide documentation that the Veteran's death occurred on or after January 1, 2011.

**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.

**\* \* F O R O F F I C E U S E O N L Y \* \***

<b>Date Application Received:</b>	<b>Databank No.:</b>
<b>Owner(s) of Record:</b>	
<b>Qualifies for Relief:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If no, explain:</b>	
<b>Land Value:</b>	
<b>Building Value:</b>	
<b>Total Value:</b>	
<b>Tax Rate:</b>	
<b>Total Taxes:</b>	
<b>AMOUNT OF RELIEF:</b>	
<b>Initials:</b> _____ <b>Date:</b> _____	