



COUNTY OF DINWIDDIE, VIRGINIA

Lori K. Stevens, Commissioner of the Revenue
P.O. Box 104, Dinwiddie, Virginia 23841
Phone: 804-469-4500, ext 4 Fax: 804-469-4548
www.dinwiddeva.us

APPLICATION FOR REAL PROPERTY TAX RELIEF FOR VETERANS WITH 100% SERVICE-CONNECTED DISABILITY

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.
- Surviving Spouse (if applicable) must continue to reside in primary residence.

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.

APPLICANT INFORMATION

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 (*if different from Primary Residence Address*):

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 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:
 Attached Already on file with the Commissioner of Revenue

CERTIFICATION

VETERAN:

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 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.

Signature of Veteran Date

OR

SURVIVING SPOUSE OF VETERAN:

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 Surviving Spouse Date

Signature of Preparer (if not Applicant) Relationship Telephone No.
Date

FOR MORE INFORMATION, CONTACT:

Contact Name *Lori K. Stevens*
Office of the Commissioner of the Revenue
Email: lstevens@dinwiddieva.us
Telephone: 804-469-4500, ext 4
Facsimile: 804-469-4548

Mailing Address: 14016 Boydton Plank Rd
Physical Address: Dinwiddie, VA 23841
Website: www.dinwiddieva.us

IMPORTANT INFORMATION

residence.

residence.

Revenue an Application, including Certification:

property,

(b) indicating whether the real property is jointly owned by the husband and wife,

Spouse (if applicable), and

(d) certifying that the Surviving Spouse (if applicable) has not remarried.

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, those numbers will not be disclosed for any other purpose.

**** FOR OFFICE USE ONLY ****

Date Application Received:

Record No.:

Owner(s) of Record:

Map No.:

Qualifies for Relief: Yes No **If no, explain:**

Land Value:

Mobile Home Value:

Building Value:

Total Value:

Tax Rate:

Tax Rate:

Total Taxes:

Total Taxes:

AMOUNT OF RELIEF:

AMOUNT OF RELIEF:

Initials: _____

Date: _____