



**COUNTY OF HENRICO  
DEPARTMENT OF FINANCE  
EXEMPTION FOR DISABLED VETERAN OR  
SURVIVING SPOUSE OF KIA MILITARY MEMBER OR  
OF CERTAIN PERSONS KILLED IN THE LINE OF DUTY**

**OWNER INFORMATION**

( Please Print Legibly)

Date: \_\_\_\_\_

_____	_____
DISABLED VETERAN OR MEMBER NAME	SOCIAL SECURITY NUMBER
_____	_____
SPOUSE/SURVIVNG SPOUSE NAME (if applicable)	SOCIAL SECURITY NUMBER

PROPERTY ADDRESS, CITY,STATE,ZIP CODE \_\_\_\_\_

HOME PHONE \_\_\_\_\_ WORK OR CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Is this property your principal place of residence? YES \_\_\_\_\_ NO \_\_\_\_\_

Is this property owned jointly with your spouse? YES \_\_\_\_\_ NO \_\_\_\_\_

Are there any other joint owners of this property? YES \_\_\_\_\_ NO \_\_\_\_\_ If yes, please list:

Please provide the Real Estate Parcel Identification Number (if available): \_\_\_\_\_

**DOCUMENTATION:**

The Virginia State Code Sections 58.1-3219.5 through 58.1-3219.16, a copy of which is available at <https://henrico.us/services/real-estate-tax-exemption-disabled-veterans/> , <https://henrico.us/services/surviving-spouse/>, sets forth the requirements of eligibility including that the veteran provide documentation from the U.S. Department of Veterans Affairs or its successor agency indicating that the veteran has a 100% service-connected, permanent, and total disability; or documentation from the United States Department of Defense for the surviving spouse of any member of the armed forces of the United States who was killed in action; or evidence of determination by Comptroller or VRS for the surviving spouse of certain persons killed in the line of duty.

Has this information been enclosed? YES \_\_\_\_\_ NO \_\_\_\_\_

**AFFIDAVIT**

I do hereby declare that the information included in the application, is to the best of my knowledge and belief, complete and true in all aspects.

_____	_____
Signature of Applicant	Date

COUNTY OF HENRICO  
COMMONWEALTH OF VIRGINIA, to wit:  
The foregoing Application and Affidavit was ACKNOWLEDGED before me this \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_ by \_\_\_\_\_.

Name of Applicant

\_\_\_\_\_  
Notary Signature

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

Notary Registration No.: \_\_\_\_\_ SEAL