



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

**OWNER INFORMATION**

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

Please Print Legibly

\_\_\_\_\_  
DISABLED VETERAN OR MEMBER NAME

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
SPOUSE/SURVIVING SPOUSE NAME (if applicable)

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

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

HOME PHONE \_\_\_\_\_

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

Is this property your principal place of residence? Yes\_\_\_\_\_ No\_\_\_\_\_

Is this property jointly owned 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 [www.henrico.us/finance/divisions/real-estate-division/surviving-spouse/](http://www.henrico.us/finance/divisions/real-estate-division/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\_\_\_\_\_.

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

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

\_\_\_\_\_  
NOTARY PUBLIC (SEAL)