



**County of Henrico
Department of Finance
Real Estate Assessment Division**

**Exemption for Disabled Veteran or Surviving Spouse of Killed in
Action Military Member or of Certain Person Killed in the Line of Duty**

Owner Information:

GPIN: _____

_____ Disabled Veteran or Member Name

_____ Social Security Number

_____ Spouse/Surviving Spouse Name (if applicable)

_____ Social Security Number (if applicable)

_____ Property Street Number & Name

_____ City

_____ State

_____ Zip Code

Main Phone: _____

Alt. Phone: _____

Email Address: _____

Is this property your principal place of residence?

Yes

No

Is this property owned jointly with your spouse?

Yes

No

N/A

Are there any other joint owners of this property?

Yes

No

If yes, please list: _____

Documentation: The Virginia State Code Sections 58.1-3219.5 through 58.1-3219.16, regarding [Exemption for Disabled Veterans](#), [Exemption for Surviving Spouses of Members of the Armed Forces Killed in Action](#), and [Exemption for Surviving Spouses of Certain Persons Killed in the Line of Duty](#), sets forth the requirements of eligibility including that the veteran provide documentation from the United States 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 this 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 number: _____

(Affix Notary Seal/Stamp Above)