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Chesterfield County

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**100% DISABLED VETERAN
REAL ESTATE EXEMPTION APPLICATION**

Veteran's
Name: _____ ***Social Security #** _____
Last First Middle

Phone #: _____ **Email:** _____

Permanent disability effective date determined by Department of Veterans Affairs: ____/____/____

Spouse or **Co-owner(s).** List all owners of the property. Use additional sheets if necessary.

Spouse or co-owner's
Name: _____ ***Social Security #** _____
Last First Middle

If spouse or co-owner is deceased include date of death ____/____/____

Name(s) as shown on real estate tax bill: _____

Property address: _____

Spouse or Co-owner address, if different: _____

**Code of Virginia § 58.1-3017. Disclosure of the social security number of a taxpayer is required for local tax administration purposes, including verification of the identity of any individual. Such numbers shall be regarded as confidential tax information.*

(Please check the appropriate)

Real Estate **Manufactured Home (Mobile Home)**

Is this residence occupied by the Veteran as their sole dwelling? **Yes** **No**

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 respects and that I am the owner of the property listed and occupy it as my sole residence.

Signature of Applicant

Date

GENERAL INFORMATION & REQUIREMENTS FOR ELIGIBILITY

- The veteran must have a **100% service-connected, permanent, and total disability** rated by the U.S. Department of Veteran Affairs.
- Exemption is granted on the home and the land, not exceeding one acre, upon which that home is located.
- Property must be owned and occupied by the veteran as their primary residence.
- Property owned by co-owners, other than a spouse, will receive a prorated relief based on their ownership percentage.
- This exemption shall be applicable beginning on **the date the primary residence is acquired or the date of disability rating or January 1, 2011**, whichever is later, and shall not be applicable for any period of time prior to January 1, 2011.

INSTRUCTIONS

1. Attach a current benefits letter from the Department of Veterans Affairs stating you have a **100% service-connected, permanent, and total disability** with the **effective date** that this was determined.
2. Attach a copy of your Virginia driver's license showing your primary address.
3. If you are married, attach a copy of your marriage license.
4. If the property is owned by a trust, attach a copy of the trust.
5. This application may be submitted by our new Citizen Portal, mail, email, or in-person by **appointment only**. A letter confirming receipt of your application will be mailed within three (3) weeks of receipt.

IMPORTANT

This application is subject to audit for up to three years after the year filed. Any corrections will be made by the Commissioner of the Revenue's office during this period, which can change exemption amounts for prior years.

Applicants will remain liable for all taxes due until they are notified of their approval in writing by the Chesterfield County Commissioner of the Revenue.