



**REAL ESTATE TAX EXEMPTION  
RE-VALIDATION FORM**

Tax Year  
**2022**

**Ann H. Thomas  
Commissioner of the Revenue  
P.O. Box 190  
Yorktown, Va. 23690-0190**

**Need Assistance?  
(757) 890-3382**

**Please return by April 1, 2022**

*Application may be mailed or submitted through the document portal*

**EXEMPTION FOR SURVIVING SPOUSE OF MEMBERS OF THE ARMED FORCES KILLED IN ACTION  
Code of Virginia § 58.1-3219.9**

**GPIN #:**

LEGAL OWNER NAME(S): \_\_\_\_\_

NAME OF SURVIVING SPOUSE: \_\_\_\_\_

PRINCIPAL RESIDENCE ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

IS THIS PROPERTY OCCUPIED AS THE PRINCIPAL RESIDENCE OF THE SURVIVING SPOUSE?

Yes  No

HAS THE SURVIVING SPOUSE REMARRIED? Yes  No

**As surviving spouse of a military member killed in action, you must notify the Commissioner of the Revenue if this real estate is no longer your principal place of residence or if you remarry.**

I declare, under penalties provided by law, that this affidavit has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

*(If submitting by DOCUMENT PORTAL, this application must be initialed, which will be the equivalent of your signature)*

Owner's Initials: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

*(If submitting by MAIL, this form must be signed)*

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(It is recommended that you PRINT and/or SAVE a copy for your records)**

To submit this form through the document portal, please save your completed form and upload it [here](#).

**OFFICE USE ONLY**

Owner of Record:	Account Number:
Qualifies? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain why:	Qualifies as: <input type="checkbox"/> Surviving Spouse of Member of Armed Forces killed in action

Land Value	
Building Value	
Total Value:	
Tax Rate:	
Total Taxes	
<b>*Amount of Exemption</b>	

\*Amount of exemption may only include a portion of the building value based on the County average assessed value per Code of VA.