



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

**Tax Year
2020**

**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, 2020

Application may be mailed or submitted through the document portal

**EXEMPTION FROM TAXES ON PROPERTY FOR DISABLED VETERANS
Code of Virginia § 58.1-3219.5**

GPIN NUMBER:

Name (Applicant/Owner):		Phone #:
Name (Co-Owner/Spouse):		
Mailing Address:	Street Address if different than Mailing Address	

IS THIS PROPERTY OCCUPIED AS THE PRINCIPAL RESIDENCE BY THE QUALIFYING VETERAN OR SURVIVING SPOUSE? Yes No

HAS YOUR VA DISABILITY STATUS CHANGED? Yes No

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

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

Owner's Initials: _____ Co-Owner's Initials: _____ Owner's Email: _____

Preparer's Initials: _____ Preparer's Email: _____ Date: _____

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

Owner's Signature: _____ Co-Owner's Signature: _____

Preparer'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 click [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"/> Veteran 100% service-connected permanent and total disability

Land Value	
Building Value	
Total Value:	
Tax Rate:	
Total Taxes	
Amount of Relief	