



**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 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 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"/> Veteran 100% service-connected permanent and total disability

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