



**COUNTY OF HENRICO
DEPARTMENT OF FINANCE
EXEMPTION FOR DISABLED VETERAN OR
SURVIVING SPOUSE OF KIA MILITARY MEMBER OR
OF CERTAIN PERSONS KILLED IN THE LINE OF DUTY**

OWNER INFORMATION

(Please Print Legibly)

Date: _____

DISABLED VETERAN OR MEMBER NAME

SOCIAL SECURITY NUMBER

SPOUSE/SURVIVNG SPOUSE NAME (if applicable)

SOCIAL SECURITY NUMBER

PROPERTY ADDRESS, CITY,STATE,ZIP CODE

HOME PHONE _____

WORK OR CELL PHONE _____

EMAIL ADDRESS _____

Is this property your principal place of residence? YES _____ NO _____

Is this property owned jointly with your spouse? YES _____ NO _____

Are there any other joint owners of this property? YES _____ NO _____ If yes, please list:

Please provide the Real Estate Parcel Identification Number (if available): _____

DOCUMENTATION:

The Virginia State Code Sections 58.1-3219.5 through 58.1-3219.16, a copy of which is available at www.henrico.us/finance/divisios/real-estate-division/surviving-spouse/, sets forth the requirements of eligibility including that the veteran provide documentation from the U.S. 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 the 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 No.: _____

SEAL