



TAX RELIEF APPLICATION
VETERANS 100% SERVICE-CONNECTED DISABILITY

Kathy T. Vaught
 Commissioner of the Revenue
 225 South Fourth Street, Room 101
 Wytheville, VA 24382

EFFECTIVE TAX YEAR _____

Qualifies: Yes No

VETERANS CLAIM # _____

Veteran's Name (Applicant/Owner of Record)		Co-Owner/Spouse/Surviving Spouse	
Mailing Address:		Acct #	Map#
T #	Cell #	911 Address:	
E-mail address:			

Required documents*

✓

*U. S. Department of Veterans Affairs 100% service-connected, permanent and total disability letter provided:		OFFICE COMMENTS:
*Photo identification provided:		
*Proof of occupancy for principle residence provided (i.e. utility bill/bank statement)		
Do you own real estate outside of Wythe County?		
If yes, have you applied for the Veteran's exemption for this property?		
*Death certificate provided (if applicable) confirming death on or after 1/1/11 :		
*Certified marriage certificate provided (if applicable):		

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.

 Signature of Applicant/Owner

 Signature of Co-Owner/Spouse

 Date

 Signature of Commissioner or Deputy

 Date

Homesite Value (maximum 1 acre)		Residence Value	Total assessment to be exempted
Land Value	Improvement Value	Total Value	