

SALEM VA



COMMISSIONER OF THE REVENUE

Kristie D. Chittum, Commissioner of the Revenue

APPLICATION FOR PERSONAL PROPERTY TAX RELIEF FOR VETERANS

Please complete in black ink

QUALIFICATIONS:

- 100% service-connected AND permanently and totally disabled.
- The vehicle is owned by the veteran or owned jointly with a spouse.
- The vehicle is used by or for the veteran.

REQUIRED DOCUMENTATION:

- Certification of disability from the United States Department of Veterans Affairs being (a) 100% service-connected, AND (b) permanent AND (c) total.

APPLICANT INFORMATION			
Name of Veteran (<i>Last, First, Middle Initial</i>):		Date of Birth	Social Security No.:
Name of Spouse <i>if applicable</i> (Last, First Middle Initial):			Telephone No.(s):
Address of Primary Residence			
Mailing Address (<i>if different from Primary Residence Address</i>)			
Vehicle For Which You Are Seeking Tax Exemption			
Please Check One: <input type="checkbox"/> New/Original Application OR <input type="checkbox"/> Re-Application (For Renewal or Change of Vehicle)			
Year	Make	Model	Identification Number
Is the above vehicle owned or jointly owned with spouse and used primarily by or for the veteran?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the above vehicle owned by spouse and used primarily for the veteran?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification from the U.S. Department of Veterans Affairs of 100% service-connected, permanent, and total disability is:			
<input type="checkbox"/> Attached		<input type="checkbox"/> Already on File with the Commissioner of the Revenue	
CERTIFICATION			
VETERAN:			
I declare, under penalty of perjury, that the above-listed vehicle is owned and used primarily by or for myself, that I have provided to this office the designated U.S. Department of Veteran's Affairs letter issued to me attesting to my 100% service-connected, permanent, and total disability, and that I understand I must reapply every year for the tax relief and in the event of a vehicle change. I further declare, under penalty of perjury, that I am not claiming another vehicle for exemption in another locality in Virginia and that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.			
_____ Signature of Veteran		_____ Date	

Signature of Preparer (if not applicant)	Relationship	Telephone No.	Date
P.O. Box 869	114 N. Broad St., Salem, VA 24153	(540) 375-3019	
www.salemva.gov			