



Pittsylvania County, Virginia
 Robin Goard
 Commissioner of the Revenue
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www.pittsylvaniacountyva.gov

Need Assistance?
(434) 432-7940
Fax: (434) 432-7957

APPLICATION FOR PERSONAL PROPERTY TAX EXEMPTION FOR VETERANS WITH 100% SERVICE-CONNECTED DISABILITY

VEHICLE QUALIFICATIONS (must have one of the following qualifications and in all cases be used primarily by or for the veteran):

- The vehicle is owned by the disabled veteran.
- The vehicle is owned jointly with the spouse of the disabled veteran. Spouse (if joint owner) must also be identified.
- The vehicle is owned solely by the spouse of a disabled veteran and used primarily by or for the disabled veteran.

REQUIRED DOCUMENTATION:

- Certification from Veterans Adm. Of disability being: (a) 100% service – connected, AND (b) permanent, AND (c) total.
- A copy of a recent utility bill **OR** resident state tax return **OR** bank statement for the personal residence.

APPLICANT INFORMATION

Name of Veteran (<i>Last, First, Middle Initial</i>):	Social Security No.:	Telephone No(s):
Name of Spouse if vehicle is jointly owned (<i>Last, First, Middle Initial</i>):	Social Security No.:	Telephone No(s):
Physical Address:		
Mailing Address (<i>if different from Primary Residence Address</i>):		
Vehicle Identification Number:		
Year, Make, and Model:		
Is the above-listed vehicle owned by the Veteran and/or jointly with Spouse? <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 I am the owner of the above listed vehicle or my spouse is the sole owner of the vehicle and it is used by or for me. I also declare that I have provided to this office the original, designated U.S. Department of Veterans Affairs letter issued to me attesting to my 100% service-connected, permanent, and total disability, and that I understand I must reapply for tax relief if I change vehicles. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation is true, correct, and complete to the best of my knowledge and belief.

Signature of Veteran

Date

**&/
OR**

SPOUSE OF VETERAN:

I declare, under penalty of perjury, that I am the Spouse of the above-listed Veteran and I am the joint owner of the above listed vehicle or I am the sole owner of the vehicle and it is used primarily by or for the veteran.

Signature of Spouse

Date

Signature of Preparer (if not Applicant)

Relationship

Telephone No.

Date