



COUNTY OF GLOUCESTER, VIRGINIA
Jo Anne Harris, Commissioner of the Revenue
6489 Main Street, Suite 137
Gloucester, VA 23061
Phone: 804-693-3451 Fax: 804-824-2467
www.gloucesterva.info/cor

**RE-APPLY ONLY IF
PERSONAL PROPERTY
CHANGES**

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

QUALIFICATIONS:

- Veteran must be 100% service-connected, permanently and totally disabled
- The one motor vehicle includes only an automobile or pickup or panel truck owned and used primarily by or for a veteran of the Armed Forces of the United States or the Virginia National Guard. Leased vehicles and vehicles owned by a business do not qualify.
- Any such motor vehicle owned by a married person may qualify if either spouse is a Veteran of the Armed Forces or Virginia National Guard who is 100% service-connected, totally and permanently disabled.
- This exemption shall be applicable on the date the motor vehicle is acquired or the effective date of this amendment to the Constitution, whichever is later, but shall not be applicable for a period prior to the effective date.

REQUIRED DOCUMENTATION:

- Certification from US Dept. of Veterans Affairs of disability is: ☐ Attached **OR** ☐ Previously provided with *PP Tax Exempt Application* for prior vehicle
- Certified Copy of Marriage Certificate if property jointly owned with spouse

To apply for a letter of disability, the Veteran may request assistance from the local Veterans Affairs office, or the Veteran can submit VA Form 21-4138 along with a letter to: US Dept of Veterans Affairs, 210 Franklin Road SW, Roanoke VA 24011

APPLICANT INFORMATION

Name of Veteran (<i>Last, First, Middle Initial</i>):	Date of Birth:	Social Security No.:	Telephone No(s):
Name of Spouse (<i>Last, First, Middle Initial</i>):	Date of Birth:	Social Security No.:	Telephone No(s):
Residence Address:			
Mailing Address (<i>if different from Primary Residence Address</i>):			

INFORMATION REGARDING VEHICLE FOR WHICH YOU ARE SEEKING TAX EXEMPTION

Please check one: <input type="checkbox"/> NEW / ORIGINAL APPLICATION OR <input type="checkbox"/> RE-APPLICATION (FOR CHANGE OF VEHICLE)		
YEAR:	MAKE:	MODEL:
TITLE NUMBER:	PLATE NUMBER:	VIN NUMBER:
Is the above-listed vehicle owned by the veteran and/or jointly with spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No		

CERTIFICATION

VETERAN: I declare, under penalty of perjury, that I am the owner of the above listed vehicle, 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 are true, correct, and complete to the best of my knowledge and belief.

Signature of Veteran

Date

SPOUSE OF VETERAN (IF VEHICLE IS JOINTLY OWNED): I declare, under penalty of perjury, that I am the Spouse of the above-listed Veteran and I am joint owner of the above listed vehicle.

Signature of Spouse

Date

FOR MORE INFORMATION, CONTACT:

Office of the Commissioner of the Revenue
Email: cor@gloucesterva.info
Telephone: 804-693-3451
Facsimile: 804-824-2467

Mailing Address: 6489 Main Street, Suite 137
Gloucester, VA 23061
Physical Address: 6489 Main Street, Suite 137
Website: www.gloucesterva.info/cor

Privacy Act Notice: Disclosure of your social security number on this form is mandatory, as authorized by the Virginia State Code, Section 58.1-3017. Social security numbers are regarded as confidential, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose.

**** FOR OFFICE USE ONLY ****

Date Application Received:

Prop ID Number:

Owner(s) of Record:

Qualifies for Relief: ☐ Yes ☐ No If no, explain:

Vehicle:

Vehicle Value:

Total Value:

Tax Rate:

PP Exemption Start Date:

Total Taxes:

AMOUNT OF RELIEF:

Initials: _____

Date: _____