

# APPLICATION FOR REAL PROPERTY TAX EXEMPTION FOR SURVIVING SPOUSES OF CERTAIN PERSONS KILLED IN LINE OF DUTY

- Certification from the Department of Defense
- Marriage Certificate
- Photo ID & Proof of Residency
- Certified Death Certificate of the spouse killed in the line of duty

Name of Surviving Spouse <i>(Last, First, Middle Initial)</i> :	Date of Birth:	Social Security No.:	Telephone No(s):
Name of Member of Armed Forces <i>(Last, First, Middle Initial)</i> :	Date of Death:		
Address of Primary Residence To Be Granted Local Real Estate Tax Relief :			
Mailing Address <i>(if different from Primary Residence Address)</i> :			
Is the above-listed Primary Residence occupied by the Surviving Spouse?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the above-listed property the Surviving Spouse's principal place of residence?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the above-named Surviving Spouse remarried?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List the names of ALL owners of the Primary Residence as listed on the Deed or Tax Bill:			
Are you currently receiving a real estate exemption in any other locality or state?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list address of property:			

## SURVIVING SPOUSE OF VETERAN:

I declare, under penalty of perjury, that I am the Surviving Spouse of the above-listed Veteran, that I have presented to this office a Line of Duty determination from the U.S. Department of Defense confirming a date of death being on or after January 1, 2015, that I continue to occupy the above-listed physical address as my primary place of residence, and that I have not remarried. 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.

Date \_\_\_\_\_

Date \_\_\_\_\_

**FOR MORE INFORMATION, CONTACT:****Office of the Commissioner of the Revenue**Email: [cor@gloucesterva.info](mailto: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](http://www.gloucesterva.info/cor)**IMPORTANT INFORMATION**

Pursuant to Article X, Section 6-A, subdivision (b) of the Constitution of Virginia, the General Assembly exempted from real estate taxation, the property which is the primary residence of the surviving spouse of a member of the Armed Forces who died in the line of duty. The exemption is equal to the amount of tax due on the dwelling and up to ten (10) acres of land. The exemption may be a pro-rated exemption if the spouse is a partial owner.

To qualify, the value of the dwelling must not exceed the yearly average assessed value for single family homes in the locality and the dwelling must be the principal place of residence.

Applications are accepted on a rolling basis. No revalidation is required. The surviving spouse must re-certify with a new application if the primary residence changes. The spouse must notify the Commissioner of the Revenue of any remarriage.

To Apply, complete the application and attach the required proof: a copy of the certification from the Department of Defense, proof of marriage, photo ID and proof of residency.

**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:

RPC #:

Owner(s) of Record:

Map No.:

Is the Dwelling below the qualification threshold? ☐ Yes ☐ NoQualifies for Relief: ☐ Yes ☐ No If no, explain:

Threshold Dwelling Value:	\$	Assessed Dwelling Value:	\$
Land Value:		Exempted	Taxable
Building Value:			
Total Value:			
Tax Rate:		Land:	Land:
Total Taxes:		Bldg:	Bldg:
AMOUNT OF RELIEF:		Total:	Total:

Initials: \_\_\_\_\_

Date: \_\_\_\_\_