

**TAX EXEMPTION APPLICATION FOR DISABLED VETERANS  
(100% SERVICE CONNECTED,  
PERMANENT & TOTAL DISABILITY)**

TAX YEAR

**2025**



**April Crabtree**  
Commissioner of the Revenue  
One Government Center Place, Suite C  
Abingdon, VA 24210

**Need Assistance?  
Call (276) 676-6271**

|                                  |                           |  |             |                 |
|----------------------------------|---------------------------|--|-------------|-----------------|
| <b>NAME (APPLICANT / OWNER):</b> | <b>SOCIAL SECURITY #:</b> | <b>BIRTH DATE:</b>                                       | <b>AGE:</b> | <b>PHONE #:</b> |
| <b>NAME (SPOUSE / CO-OWNER)</b>  | <b>SOCIAL SECURITY #:</b> | <b>BIRTH DATE:</b>                                       | <b>AGE:</b> | <b>PHONE #:</b> |
| <b>MAILING ADDRESS:</b>          |                           | <b>STREET ADDRESS IF DIFFERENT THAN MAILING ADDRESS:</b> |             |                 |

Certificate or Letter from Veteran's Administration – 100% Service-Connected, Permanent & Total Disability Statement attached: YES  ON FILE  **OFFICE USE ONLY**

**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, these numbers will not be disclosed for any other purpose.**

IS THIS PROPERTY OCCUPIED AS THE PRINCIPAL RESIDENCE BY THE QUALIFYING VETERAN? YES  NO

**I (we) certify, under the penalties provided by law, that this application for Tax Exemption for Disabled Veterans, including accompanying documentation or statements, to the best of my knowledge and belief is true, correct, and complete.**

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Signature of Spouse/Co-owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Preparer (if not applicant)

\_\_\_\_\_  
Relationship to Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone Number