

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

TAX YEAR

2026



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

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

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

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



Washington County, Virginia

April Hamby Crabtree

Commissioner of the Revenue
1 Government Center Place, Suite C
Abingdon, VA 24210

Office: 276-676-6270

Fax: 276-676-6530

acrabtree@washcova.com

TAX YEAR 2026

VETERANS PERSONAL PROPERTY TAX RELIEF APPLICATION

PLEASE RETURN BY JULY 1

Name (Applicant/ Owner):	Last 4 of Veteran's Social Security #:
Name (Spouse):	Phone #:
Mailing Address:	Street Address (If Different from Mailing):
Vehicle Year:	Vehicle Make and Model:

VEHICLES MUST BE OWNED ON JANUARY 1st OF CURRENT TAX YEAR

I (we) certify that the vehicle listed on this application is used primarily by or for the veteran applying for exemption.

I (we) declare, under penalties provided by law, that this affidavit has been examined by me (us) and to the best of my (our) knowledge and belief is true, correct, and complete.

Signature of Applicant/ Owner

Signature of Spouse

Date