


**100% Service-Connected Disabled Veteran Exemption**

**Personal Property Application**

 <p><b>Smyth County, Virginia</b>  <b>Bradley A. Powers</b>          Commissioner of the Revenue          P.O. Box 985 / 109 W. Main Street, Suite G011          Marion, VA 24354</p>		<p><b>Office Use Only</b></p> <p>Tax Act. # _____          Date Received: _____  <b>Status:</b> _____          Office: (276) 782-4040          Fax: (276) 782-4041</p>
<b>Veteran's Name:</b> _____	<b>Birthdate:</b> _____ / _____ / _____	<b>S.S.N.:</b> _____
<b>Spouse:</b> _____	<b>Birthdate:</b> _____ / _____ / _____	<b>S.S.N.:</b> _____
<b>Mailing Address:</b> _____		<b>Phone:</b> _____ (____) _____ - _____
<b>Physical Address:</b> _____		<b>Email Address:</b> _____
<b>Summary of Benefits Disability Rating:</b> _____ %	<b>Effective Date:</b> _____ / _____ / _____	<b>Summary of Benefits Attached:</b> _____ YES / _____ NO
<p><i>*Summary of Benefits that includes the Service-Connected Disability Rating and Effective Date is REQUIRED to be attached. Service-Connected rating must be 100% or veteran must be paid at 100% level due to unemployment.</i></p>		
<p><b>Requested Vehicle Information:</b></p> <p>YEAR _____ MAKE _____ MODEL _____ VIN _____</p>		
<p><b>EXEMPTION INFORMATION</b></p>		
<ul style="list-style-type: none"> <li>* To be eligible for the Disabled Veteran Exemption the veteran must have a 100% service-connected, permanent and total disability.</li> <li>* This exemption only applies to up to one (1) motor vehicle owned and used primarily by or for a Veteran meeting the above disability rating. Vehicle may be joint titled with spouse.</li> <li>* The exemption is only available for the Veteran's PRIMARY residence being taxed as real estate. Secondary residences are not eligible for this exemption.</li> <li>* This exemption is provided for under Virginia Constitution Article X, Section 6 (a)(8)</li> <li>* Exemption is only eligible for property owned on or after January 1, 2021, in conjunction with rating effective date.</li> </ul>		
<p><b>AFFIDAVIT</b></p>		

I certify, under penalty of perjury, that the above described Personal Property is primarily used by and/or for the listed Disable Veteran.

All supporting documentation is attached and are originals or unedited copies from the Department of Veteran Services.

I will notify the Commissioner of the Revenue of any changes that affect the use or ownership of this vehicle within 30-days of change.

\_\_\_\_\_  
**Veteran Signature**

\_\_\_\_\_  
**Spouse Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
**Date**

\*You may email this application and supporting documentation to: COR@SMYTHCOUNTY.ORG