


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

**Real Estate 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>  <b>Tax Act. #</b>  <b>Date Received:</b>  <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>		
<b>Property Owner Name(s):</b> _____		
<b>EXEMPTION INFORMATION</b>		
<p>* To be eligible for the Disabled Veteran Exemption the veteran must have a 100% service-connected, permanent and total disability. This exemption is extended to the surviving spouse of an eligible veteran so long as the death of the veteran occurs on or after January 1, 2011 and the surviving spouse does not remarry and continues to occupy the real property as his/her primary residence.</p> <p>* This exemption only applies to up to one (1) acre of land the primary dwelling. Ancillary dwellings/buildings are not eligible for exemption.</p> <p>* The exemption is only available for the Veteran's PRIMARY residence being taxed as real estate. Secondary residences are not eligible for this exemption. Residence must be owned by Veteran.</p> <p>* This exemption is provided for under Virginia State Code §58.1-3219.5 &amp; §58.1-3219.6</p>		
<b>AFFIDAVIT</b>		

I certify that the above described Real Property is occupied as the listed Veteran's primary place of residence as of \_\_\_\_/\_\_\_\_/\_\_\_\_. 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 primary status of this residence within 30-days. If I am the surviving spouse, I certify that I remained unmarried and occupy the residence as my Primary place of residence. If I remarry or have a primary place of residence change, I will notify the Commissioner of the Revenue within 30-days.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**Veteran Signature**                      **Spouse Signature**                      **Date**