



TIFFANY M. BOYLE  
Commissioner of the Revenue

# Commissioner of the Revenue City of Newport News



VALERIE Y. GAINS  
Chief Deputy

## DISABLED VETERAN REAL ESTATE TAX EXEMPTION APPLICATION

Name of Veteran (Last, First, Middle Initial)	Date of Birth (MM/DD/YYYY)	Social Security Number
Name of Spouse (Last, First, Middle Initial)	Date of Birth (MM/DD/YYYY)	Social Security Number
Address of Principal Residence to be Exempted from Local Real Estate Tax		Zip Code
Mailing Address (If different from principal residence address)		
Home Phone Number	Alternate Phone Number	
Are you owner of the principal residence listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are you occupying the principal residence listed above?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Do you own other residential property? If YES, what is the address?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Does the other property have the Veteran exemption?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
<p><b>Veteran:</b> I declare, under penalty of law, the following statements are true and correct:</p> <ul style="list-style-type: none"> <li>The above stated physical address is occupied as my principal place of residence, <b>and</b></li> <li>I have presented to this office the original, designated letter from the U.S. Department of Veterans Affairs issued to me attesting I am 100% service-connected, permanently and totally disabled, <b>and</b></li> <li>I understand I must reapply for exemption if my principal place of residence changes.</li> </ul>		
Signature of Veteran _____		Date _____