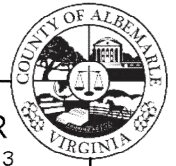


APPLICATION FOR VETERANS REAL ESTATE TAX EXEMPTION

Albemarle County Code Sec. 15-704; Virginia Code § 58.1-3219.5 and 58.1-3219.6



Office Use Only

VA Eligibility:
Purchased Home:
Primary Residence Since:
Effective Date of Exemption:

COUNTY ASSESSOR

401 MCINTIRE ROAD RM 243
CHARLOTTESVILLE, VA 22902-4579
P:(434)296-5856 F:(434)296-5801
COUNTYASSESSOR@ALBEMARLE.ORG

Applicant: _____
Applicant is Veteran or Surviving Spouse: _____
Spouse: _____
Other Owners*: _____
Street Address: _____
City/State/Zip: _____
Parcel Number: _____ Vision PID _____
Contact: _____
Home Phone: _____ Cell Phone: _____



Have you received a Veteran's Exemption in any other locality? (Circle One) Yes / No

If yes, name of locality: _____

Property Address: _____

Date sold/ exemption terminated: _____

Requirements for Exemption:

1. Veteran must own or jointly own with Spouse real property for which exemption is sought, or the Surviving Spouse must own the real property. (Other owners would not disqualify the property but would reduce the exemption percentage.)
2. Veteran, Spouse or Surviving Spouse must occupy property **as principal residence**.
3. Surviving Spouse qualifies only if the Veteran died on or after January 1, 2011 and the Surviving Spouse does not remarry.
4. Must provide Veteran's original or true copies of documentation from the **U. S. Department of Veterans Affairs (VA)** or its successor agency certifying 100 percent service-connected, permanent, and total disability or that the veteran is being paid at 100 percent due to the fact the VA rates him/her as unemployable due to their service connected disabilities.
5. Veteran and Spouse or Surviving Spouse must complete and notarize accompanying affidavit provided by County of Albemarle certifying eligibility. Spouse must sign and complete separate affidavit even if Veteran is still living.
6. * Must provide information on anyone other than the Veteran, Spouse, or Surviving Spouse who has an ownership interest. Give the person's name, the nature of that person's ownership interest, and the percentage of that person's interest. An additional page may be necessary.

Please note: The exemption applies to a maximum of 10 acres. Acreage over 10 acres is not eligible for the exemption. For parcels over 10 acres, the taxable portion will be taxed as a separate parcel.

Filing instructions:

Submit the completed application, VA documentation and signed affidavit(s) to the Albemarle County Assessor.

Signature of Disabled Veteran/Surviving Spouse

Spouse

AFFIDAVIT OF DISABLED VETERAN

Having first been duly sworn, and as part of my application for tax exemption of _____ (specify address of principal residence, hereinafter referred to as the "Real Property" pursuant to *Virginia Code §58.1-3219.6*, I hereby state as follows:

1. My name is _____ (name of disabled veteran) and (if applicable) the name of my spouse, who also occupies the Real Property, is _____.
2. The Real Property (check one) _____ is solely owned by me, _____ jointly owned with my spouse, or _____ in conjunction with other persons.
3. I hereby certify that I occupy the Real Property as my principal place of residence and have done so since _____.
4. The documents that I have submitted herewith from the U.S. Department of Veterans Affairs or its successor agency (a) are either the original documents or true copies thereof, and (b) demonstrate that I have a 100 percent service-connected, permanent, and total disability.
5. I was awarded a 100 percent service-connected permanent disability effective _____.
6. I have / have not used my veteran's exemption in another locality. If so, I have provided all pertinent information on the attached application.

Signature of Disabled Veteran

COMMONWEALTH OF VIRGINIA,
COUNTY OF ALBEMARLE,

The foregoing Affidavit was signed, sworn to and acknowledged before me this _____ day of _____, 20____, by _____.

Notary Public

My commission expires: _____

AFFIDAVIT OF SPOUSE OF DISABLED VETERAN

Having first been duly sworn, and as part of my application for tax exemption of _____ (specify address of principal residence, hereinafter referred to as the "Real Property") pursuant to *Virginia Code §58.1-3219.6*, I hereby state as follows:

1. My name is _____ (name of spouse of disabled veteran), and the name of my spouse, who is a disabled veteran, is _____ (hereinafter referred to as "My Spouse").
2. The Real Property (check one) _____ is jointly owned with my spouse, or _____ another person(s) also has an "ownership interest that permits them to occupy the property."
3. I hereby certify that I occupy the Real Property as my principal place of residence.
4. I understand that if My Spouse pre-deceases me, that I can keep this exemption only so long as I do not remarry. (The law allows a surviving spouse to move and apply the exemption to a different place of residence.)

Signature of Spouse of Disabled Veteran

COMMONWEALTH OF VIRGINIA,
COUNTY OF ALBEMARLE,

The foregoing Affidavit was signed, sworn to and acknowledged before me this _____ day of _____, 20____, by _____.

Notary Public

My commission expires: _____

AFFIDAVIT OF SURVIVING SPOUSE OF DECEASED DISABLED VETERAN

Having first been duly sworn, and as part of my application for tax exemption of _____ (specify address of principal residence, hereinafter referred to as the "Real Property") pursuant to *Virginia Code §58.1-3219.6*, I hereby state as follows:

1. My name is _____ (name of surviving spouse of disabled veteran), and the name of my spouse, who was a disabled veteran, is _____ (hereinafter referred to as "My Spouse").
2. The Real Property (check one) _____ is solely owned by me, or _____ another person(s) also has an "ownership interest that permits them to occupy the property."
3. I hereby certify that I occupy the Real Property as my principal place of residence.
4. The documents that I have submitted herewith (a) are either the original documents or true copies thereof, (b) demonstrate that My Spouse had a 100 percent service-connected, permanent, and total disability, as determined by the U.S. Department of Veterans Affairs or its successor agency, and (c) demonstrates that My Spouse's death occurred on or after January 1, 2011.
5. I have / have not used My Spouse's veteran's exemption in another locality. If so, I have provided all pertinent information on the attached application.
6. I have not remarried since the death of My Spouse. I understand that I cannot claim this exemption if I remarry. (The law allows a surviving spouse to move and apply the exemption to a different place of residence.)

Signature of Surviving Spouse of Disabled Veteran

COMMONWEALTH OF VIRGINIA,
COUNTY OF ALBEMARLE,

The foregoing Affidavit was signed, sworn to and acknowledged before me this _____ day of _____, 20____, by _____.

Notary Public

My commission expires: _____