



**COUNTY OF HANOVER, VIRGINIA**

**REACH: DISABLED VETERAN**

Office of the Commissioner of the Revenue

PO Box 129, Hanover, VA 23069

Tel: (804) 365-6128 Fax: (804) 365-6101

Email: commissioner@hanovercounty.gov

T. Scott Harris, MCR  
Commissioner

Pursuant to Article X, Section 6-A of the Constitution of Virginia, the General Assembly exempted from real estate taxation, the property which is the primary residence of any veteran and their spouse who has been rated to have a total, permanent and 100% service connected disability. The exemption applies to the parcel which is the primary residence of the veteran and/or the surviving spouse of the veteran and up to ten (10) acres of land.

Applications are accepted on a rolling basis. The veteran must re-certify with a new application if the veteran's primary residence changes. Otherwise, no revalidation (i.e. annual certification) of this information is required.

To apply, complete the application and attach the required proof: a copy of the letter from the Department of Veterans Affairs stating the 100% service connected disability and a copy of the veteran's death certificate, if applicable.

Please contact the Office of the Commissioner of the Revenue if you have any questions or if you need assistance with this application. The office telephone number is 804-365-6128. Office hours are 8:30 am – 5:00 pm, Monday through Friday.

<b>OWNER'S NAME:</b>	<b>SOCIAL SECURITY #</b>
<b>CO-OWNER/SPOUSE NAME:</b>	<b>SOCIAL SECURITY #</b>
<b>MAILING ADDRESS:</b>	<b>DAYTIME PHONE #</b>
<b>CITY/STATE/ZIP:</b>	<b>GPIN</b>
<b>PROPERTY ADDRESS (IF DIFFERENT FROM MAILING ADDRESS):</b>	<b>REAL ESTATE ACCOUNT NUMBER</b>

**Privacy Act Notice:** Disclosure of your social security number on this form is mandatory as authorized by Virginia State Code §58.1-3017. All information on this form is regarded as confidential and will not be disclosed for any other purpose, except as provided by law.

If the veteran is deceased, the surviving spouse may qualify if the following statements are true:

- Veteran died on or after January 1, 2011
- Surviving spouse is not remarried
- Property is the surviving spouse's primary residence and the last residence of the disabled veteran.

**CERTIFICATION STATEMENT**

I declare, under penalties provided by law, that this certification has been examined by me and is true, correct and complete to the best of my knowledge and belief.

**Applicant's Email Address:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Telephone Number**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date Signed**

\_\_\_\_\_  
**Telephone Number**

The application will be returned if the applicant has not signed and/or the signature has not been witnessed by another adult. **If a person is signing with a Power of Attorney, please indicate this on the signature line and include a copy of the Power of Attorney with the application.**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Virginia State Code §58.1-3 does not allow the release of confidential information “except in accordance with a proper judicial order or as otherwise provided by law”. Without your explicit approval, this office will not release any information regarding the application to anyone other than the applicant.

If you wish to authorize the Commissioner of the Revenue or his staff to discuss the information contained in your application with any person(s) other than you (the applicant) and authorize such person(s) to receive information regarding your eligibility for this program, please complete the section below. You have the right to revoke this authorization at any time by submitting a written request to our office.

**I, or my authorized representative, request that the person specifically named below, as well as agents representing me, including, but not limited to, Real Estate Agents, a Closing Attorney, or a Mortgage Company Representative, be allowed to receive or discuss confidential information pertaining to this application.**

Name of Contact Person \_\_\_\_\_

Address of Contact Person \_\_\_\_\_

Telephone of Contact Person \_\_\_\_\_

Email of Contact Person \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature Authorizing this Release

\_\_\_\_\_  
Date

**OFFICE USE ONLY BELOW THIS LINE**

**Certification Checklist**

- US Dept. of Veteran Affairs certification of total, permanent, 100% service connected disability attached or on file in the Office of the Commissioner of the Revenue.
- Property occupied as the principal residence of the qualifying veteran.
- Property occupied as the principal residence of the qualifying veteran’s surviving spouse.
- Property owned jointly by the qualifying veteran and spouse. If not, describe ownership arrangement.

Ownership arrangement explanation

Does the application qualify for tax relief? \_\_\_\_\_ YES \_\_\_\_\_ NO (if no, list reason below)

Non-qualification explanation

Amount of acreage in qualifying parcel \_\_\_\_\_ acres (if greater than 10 acres, list taxable info below)

Taxable property information

**Approved for Exemption:** \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date