



PRINCE EDWARD COUNTY COMMISSIONER OF THE REVENUE

P O BOX 446 FARMVILLE VA 23901

Phone (434) 392-3231 Fax (434) 392-7696

**APPLICATION FOR PERSONAL PROPERTY TAX EXEMPTION
FOR VETERANS WITH 100% SERVICE-CONNECTED DISABILITY**

QUALIFICATIONS:

- Veteran must be 100% service-connected, permanently and totally disabled.
- Motor Vehicle must be owned by the veteran or jointly owned with spouse (proof may be requested).
- Spouse (if joint owner) must also be identified.

REQUIRED DOCUMENTATION:

- Certification from Veterans Adm. of disability being: (a) 100% service-connected, AND (b) permanent, AND (c) total.

APPLICANT INFORMATION

Name of Veteran (*Last, First, Middle Initial*):

Social Security No.:

Telephone No(s):

Name of Spouse if vehicle is jointly owned (*Last, First, Middle Initial*):

Social Security No.:

Telephone No(s):

Physical Address

Mailing Address (*if different from Primary Residence Address*):

Vehicle Identification Number

Title Number

Is the above-listed vehicle owned by the Veteran and/or jointly with Spouse? ☐ Yes ☐ No

Certification from the U.S. Department of Veterans Affairs of 100% service-connected, permanent, and total disability is:

☐ Attached

☐ Already on file with the Commissioner of the Revenue

CERTIFICATION

VETERAN:

I declare, under penalty of perjury, that I am the owner of the above listed vehicle, that I have provided to this office the original, designated U.S. Department of Veterans Affairs letter issued to me attesting to my 100% service-connected, permanent, and total disability, and that I understand I must reapply for tax relief if I change vehicles. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge and belief.

&

SPOUSE OF VETERAN (IF VEHICLE IS JOINTLY OWNED):

I declare, under penalty of perjury, that I am the Spouse of the above-listed Veteran and I am joint owner of the above listed vehicle.

Signature of Veteran

Date

Signature of Spouse

Date

Signature of Preparer (if not Applicant)

Relationship

Telephone No.

Date

[OVER]

FOR MORE INFORMATION, CONTACT:**Contact Name****Commissioner of the Revenue**

Telephone: 434-392-3231

Facsimile: 434-392-7696

Mailing Address: P O Box 446

FARMVILLE VA 23901

Website: www.co.prince-edward.va.us**IMPORTANT INFORMATION**

Pursuant to Article X, Section 6-(a) (8) of the Constitution of Virginia, the General Assembly exempted from taxation one motor vehicle owned and used primarily by or for any Veteran who has been rated by the U.S. Department of Veterans Affairs or its successor agency pursuant to federal law to have a 100 percent service-connected, permanent and total disability.

The exemption set forth in this Article shall apply to a motor vehicle owned solely by the veteran or jointly by the veteran and a spouse. The law as passed defines a motor vehicle as only a passenger car or a pickup or panel truck that is registered for personal use.

The veteran claiming the exemption under this Article shall file with the Commissioner of the Revenue an Application, including Certification:

Setting forth the name of the disabled veteran and the name of the spouse (if any) owning the motor vehicle.

The veteran shall also provide documentation from the U.S. Department of Veterans Affairs or its successor indicating that the veteran has a 100 percent service-connected, permanent, and total disability. The veteran shall only be required to re-file the required information if the veteran's motor vehicle changes.

Privacy Act Notice: Disclosure of your social security number on this form is mandatory, as authorized by the Virginia State Code, Section 58.1-3017. Social security numbers are regarded as confidential, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose.

**** FOR OFFICE USE ONLY ******Date Application Received:****Account number:****Owner(s) of Record:****Qualifies for Relief:** ☐ Yes ☐ No **If no, explain:****Vehicle:****Vehicle Value:****Total Value:****Tax Rate:****Total Taxes:****AMOUNT OF RELIEF:****Initials:** _____**Date:** _____