



# NORFOLK

## OFFICE USE ONLY

Tax Year	Pin #	Acct. #	

## SURVIVING SPOUSE OF DISABLED VETERAN REAL ESTATE TAX EXEMPTION APPLICATION

Name of Surviving Spouse (Last, First, MI)		Social Security Number	
Name of Veteran (Last, First, MI)		Social Security Number	
Address of Primary Residence to be Exempted from Local Real Estate Tax		Zip Code	
Mailing Address (if different from primary residence address)			
Home Phone		Alternative Phone	
Are you the owner of the above addressed primary residence?		Yes	No
Are you occupying the above address as your primary residence?		Yes	No
Was your spouse 100% service connected, total and permanently disabled at the time of death?		Yes	No
Has the above-named spouse remarried?		Yes	No
Does the Veteran/Spouse own any other property		Yes	No
If yes, please provide the address			
<b><u>AFFIDAVIT</u></b>			
<p><b><u>Veteran:</u></b> I hereby certify that the above listed physical address is occupied as my primary place of residence and that I have presented to this office the original, designated U.S. Department of Veterans Affairs letter attesting that I am 100% service-connected, permanent, and totally disabled. I understand I must notify the city of Norfolk if my primary place of residence changes. Failure to do so may result in the veteran paying back any exemption received in error. I also certify that I am not receiving, nor applied for a tax exemption on any other property I own anywhere within the United States.</p> <p><b><u>Spouse of Veteran (who was 100% service connected disabled at the time of death):</u></b> I hereby certify that I am the surviving spouse of the above named qualified veteran; I have presented to this office a certified copy of the veteran's death certificate confirming a date of death subsequent to December 31, 2010, a certified document of marriage to the above qualified veteran, that I continue to occupy the exempted property as my primary and principal residence, and, as the surviving spouse of the eligible veteran, I have not remarried.</p>			
Signature		Date	

### Mailing Address

Department of Human Services  
741 Monticello Ave  
Norfolk, VA 23510

### Pickup application/drop box

Information/request application: (757) 823-1130 or  
(757) 664-6035