Pittsylvania County, Virginia Robin Goard Commissioner of the Revenue

PO Box 272 Chatham, VA 24531 www.pittsylvaniacountyva.gov Need Assistance? (434) 432-7940 Fax: (434) 432-7957

APPLICATION FOR REAL PROPERTY TAX RELIEF FOR SURVIVING SPOUSE OF MEMBER ARMED FORCE KILLED IN ACTION

QUALIFICATIONS:

- Surviving spouse of any member of the armed forces of the United States killed in action as determined by the United States Department of Defense.
- Residence must be spouse's primary residence (proof, such as resident State tax return, may be requested).
- · Surviving Spouse must not be remarried.
- Surviving Spouse must continue to reside in primary residence.
- Assessed value must not exceed the average assessed values of property that is zoned single family residential in the most recently ended tax year. (to be determined by the Commissioner of the Revenue real estate data)

REQUIRED DOCUMENTATION:

Documentation from the United States Department of Defense or its successor agency indicating the date that the member
of the armed forces of the United Stated was killed in action

A copy of a recent utility bill OR resident state tax return OR bank statement for the personal residence.					
APPLICANT INFORMATION					
Name of Surviving Spouse (Last, First, Middle Initial):	Social Security No	Telephone No(s):			
Name(s) as shown on Real Estate					
: Address of Primary Residence To Be Granted Local Real Estate Tax Relief :					
Mailing Address (if different from Primary Residence Address):					
Is the above-listed Primary Residence occupied by the Surviving S	Spouse? □ Yes	□ No			
Is the above-listed Primary Residence jointly with other persons?	□ Yes	☐ No (If yes, please describe ownership.)			
Has the Surviving Spouse remarried?	□ Yes	□ No			
Certification from the U.S. Department of Defense indicating the date that the member of the armed forces of the United States was killed in action:					
·	with the Commissioner of Reven	ue			
SURVIVING SPOUSE: I declare, under penalty of perjury that the above-listed physical address is occupied as my primary place of residence and that I have provided to this office documentation from the United States Department of Defense indicating the date the member of the armed forces of the US was killed in action. I understand I must reapply for tax relief if my primary place of residence changes. 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.					
Signature of Applicant/Owner Signature of Co-Own If applicable use this space for any additional property owner's signature of Co-Own		Date			
Signature of Preparer (if not Applicant) Relationship	n Telep	hone No. Date			

FOR MORE INFORMATION, CONTACT:

Office of the Commissioner of the Revenue

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IMPORTANT INFORMATION

Pursuant to Article X, Section 6-A of the Constitution of Virginia, and for tax years beginning on or after January 1, 2015, the General Assembly exempted from taxation the real property, of the surviving spouse of any member of the armed forces of the United States who was killed in action as determined by the United States Department of Defense, and who occupies the real property as his/her primary place of residence.

If such member is killed in action after January 1, 2015, and the surviving spouse has a qualified principal residence on the date that such member of the armed forces is killed in action, then the exemption for the surviving spouse shall begin on the date that such member of the armed forces is killed in action. If the surviving spouse acquires the property after January 1, 2015, then the exemption shall begin on the date of acquisition.

The exemption shall continue so long as the surviving Spouse does not remarry, and the Surviving Spouse continues to occupy the real property as his/her primary place of residence.

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

- (a) setting forth the name of the U.S. member of the armed forces killed in action and the name of the Spouse occupying the real property,
- (b) indicating whether the real property is jointly owned,
- (c) certifying that the real property is occupied as the primary residence by the Surviving Spouse; and
- (d) certifying that the Surviving Spouse has not remarried.

The Surviving Spouse shall also provide documentation from the U.S. Department of Defense or its successor indicating the date that the member of the armed forces of the United States was killed in action. The surviving spouse shall be required to re-file the required information if the surviving spouse's principal residence changes. The surviving spouse shall promptly notify the commissioner of the revenue of any remarriage.

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 OFFIC	E USE ONLY	
Date Application Received:		PIN:	
Acreage:		Map No.:	
Qualifies for Relief: ☐ Yes	□ No If no, explain:		
		Exempted	Taxable
Land Value			
Building Value			
Total Value:			
Tax Rate:			
Total Taxes			
Amount of Relief			