



INGRID H. MORROY
COMMISSIONER

ARLINGTON COUNTY, VIRGINIA

OFFICE OF COMMISSIONER OF REVENUE
PERSONAL PROPERTY TAX DIVISION
2100 CLARENDON BOULEVARD, SUITE 218
ARLINGTON, VA 22201



RAY MILLER
DEPUTY COMMISSIONER

APPLICATION FOR PERSONAL PROPERTY TAX EXEMPTION FOR 100% DISABLED MILITARY VETERANS

Code of Virginia allows one motor vehicle (one automobile or one pickup truck) both (i) owned by (ii) used primarily by or for any 100% disabled veteran to receive a tax exemption from vehicle personal property tax.

Eligible parties who should apply include:

- Veterans of the U.S. Armed Services or Virginia National Guard with a 100% service-connected, permanent and total disability or total disability rating by the United States Department of Veterans Affairs.

Qualifications:

- Documentation from the U.S. Department of Veterans Affairs indicating the veteran is classified as 100% permanently disabled as a result of their service.
- Motor vehicle is one automobile OR one pickup truck both owned by and primarily used by or for such veteran.
- A vehicle owned by the spouse of such a veteran is eligible by or for such veteran.

Please note:

- Office of the Commissioner of Revenue staff will verify status of personal property with the Virginia Department of Motor Vehicles.
- Should personal property change, then servicemember must reapply.

This exemption applies to Personal Property Tax Only.

PLEASE COMPLETE THE APPLICANT(S) INFORMATION BELOW:

Name of Veteran (<i>Last, First, Middle Initial</i>)	Date of Birth: (<i>mm/dd/yyyy</i>)	Social Security Number:	Telephone Number(s):
Name of Spouse (<i>Last, First, Middle Initial</i>)	Date of Birth: (<i>mm/dd/yyyy</i>)	Social Security Number:	Telephone Number(s):
Street Address:			
City, State, Zip Code:			

PLEASE COMPLETE THE VEHICLE INFORMATION BELOW:

Please select one: New Application Re-application (Due to change of vehicle)

Year:	Make:	Model:	Last 4 digits of VIN:
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DECLARATION:

I (we) declare that the information provided above is true, full, and correct to the best of my (our) knowledge and belief.

_____ Printed Name of Veteran	_____ Signature of Veteran	_____ Telephone Number	_____ Date
_____ Signature of Preparer, if not applicant	_____ Relationship to Veteran	_____ Telephone Number	_____ Date

Attach a copy of the documentation from the U.S. Department of Veterans Affairs indicating the veteran is classified as 100% permanently disabled as a result of their service.

This application, with the required documentation, may be faxed to 703-228-7581 or mailed to the Office of the Commissioner of Revenue at the address at the top of this application. For questions, please contact our office at (703) 228-3135.

It is recommended that you PRINT and SAVE a copy for your records.



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