



Philip J. Kellam
Commissioner

Commissioner of the Revenue

City Hall
2401 Courthouse Drive
Virginia Beach, VA 23456-9002
757.385.4385



www.vbgov.com/cor

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

Form #DVPP001

QUALIFICATIONS FOR 100% TAX EXEMPTION

- Veteran must have been rated by the US Department of Veterans Affairs or its successor agency pursuant to federal law with a 100% service-connected, permanent, and total disability.
- Eligible types of motor vehicles include passenger cars, pickups, or panel trucks registered for personal use. NOTE: Only one such vehicle may be qualified for exemption. You may also qualify for a tax rate reduction on an additional vehicle. Review Form #DVPP002 for qualification requirements.
- Any such motor vehicle owned by a married person may qualify if either spouse is a veteran of the Armed Forces or Virginia National Guard who is rated with a 100% service-connected, total, and permanent disability.
- This exemption shall be applicable beginning on the date the motor vehicle is acquired or January 1st of the current tax year, whichever is later and shall not be applicable for any prior period.
- Leased vehicles and vehicles owned by a business must be reviewed by the Commissioner of the Revenue office.

APPLICANT INFORMATION

Name of Veteran as it appears on title (<i>Last, First, Middle Initial</i>):	Last four of SSN:	Telephone No(s):
Name of Spouse as it appears on title (<i>Last, First, Middle Initial</i>):	Last four of SSN:	Telephone No(s):
Mailing Address:		
Vehicle: Year, Make & Model		
Title Number:	Plate Number:	
Is the above-listed vehicle owned by the Veteran, Spouse or Jointly owned? <input type="checkbox"/> Veteran <input type="checkbox"/> Spouse <input type="checkbox"/> Jointly		

CERTIFICATION

VETERAN:

I declare, under penalty of perjury, that I am the owner of the above listed vehicle and the vehicle is used primarily by or for myself. 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 a copy of my driver's license. I understand I must reapply for tax exemption 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.

Signature of Veteran _____ Date _____

SPOUSE OF VETERAN:

I declare, under penalty of perjury, that I am the spouse of the above listed Veteran and the vehicle is used primarily by or for the veteran.

Signature of Spouse _____ Date _____

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.

** OFFICE USE ONLY **

Date Application Received:	RBS Account Number:
Owner(s) of Record:	
Qualifies for Exemption: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:	
Business Use: <input type="checkbox"/> Yes <input type="checkbox"/> No	PPTR: <input type="checkbox"/> Yes <input type="checkbox"/> No

Agent Initials: _____ Date: _____



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APPLICATION FOR PERSONAL PROPERTY TAX RATE REDUCTION FOR VETERANS WITH A PERMANENT AND TOTAL SERVICE-CONNECTED DISABILITY

Form #DVPP002

QUALIFICATIONS FOR PERSONAL PROPERTY TAX REDUCTION

- Vehicle must be owned and regularly used by a veteran who has either lost, or lost the use of, one or both legs, or an arm or a hand, or who is blind, or who is permanently and totally service-connected disabled as certified by the US Department of Veterans Affairs. **NOTE: Only one such vehicle may be qualified for tax rate reduction. You may also qualify for tax exemption on an additional vehicle. Review Form #DVPP001 for qualification requirements.**
- Leased vehicles and vehicles owned by a business must be reviewed by the Commissioner of Revenue office.
- This reduced tax rate shall be applicable beginning on the date the motor vehicle is acquired or January 1st of the current tax year, whichever is later and shall not be applicable for any prior period.

APPLICANT INFORMATION

Name of Veteran as it appears on title (<i>Last, First, Middle Initial</i>):		Last four of SSN:	Telephone No(s):
Mailing Address:			
Vehicle: Year, Make & Model			
Title Number:		Plate Number:	
Is the above-listed vehicle owned by the Veteran solely or jointly owned? <input type="checkbox"/> Veteran <input type="checkbox"/> Jointly			

CERTIFICATION

VETERAN:

I declare, under penalty of perjury, that I am the owner of the above listed vehicle and the vehicle is used primarily by or for myself. I have provided to this office the original, designated US Department of Veterans Affairs letter issued to me attesting to my service-connected, permanent, and total disability and a copy of my driver's license. 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.

Signature of Veteran _____ Date _____

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.

** OFFICE USE ONLY **

Date Application Received:		RBS Account Number:	
Owner(s) of Record:			
Qualifies for Reduction: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:			
Business Use:	<input type="checkbox"/> Yes <input type="checkbox"/> No	PPTR:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Agent Initials: _____ Date: _____