



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 RATE REDUCTION FOR VETERANS WITH A PERMANENTLY AND TOTALLY SERVICE-CONNECTED DISABILITY

| | | | |
|--|--|---------------------|------------------|
| QUALIFICATIONS FOR PERSONAL PROPERTY TAX REDUCTION | | | |
| <ul style="list-style-type: none"> 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 Department of Veterans Affairs. (municode sec. 35-13) Leased vehicles and vehicles owned by a business may not qualify 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 U.S. 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: | |
| Initials: _____ | | Date: _____ | |