



Commissioner of the Revenue

CITY OF NEWPORT NEWS

TIFFANY M. BOYLE
Commissioner

VALERIE Y. GAINES
Deputy Chief

DISABLED VETERAN REAL ESTATE TAX EXEMPTION

Application Instructions

- Enter the name and social security number of the disabled veteran.
- Enter the name and social security number of the spouse of the disabled veteran.
- Enter the address of the principal residence to be exempted from local real estate tax.
- Enter the mailing address if different from principal residence.
- Enter the home phone number and an alternate phone number including area codes.
- Answer the next two (2) questions with yes or no answers.
- Attach the following documents to the application:
 1. The original designated letter from the U. S. Department of Veterans Affairs issued attesting that the veteran was 100% service-connected, permanently and totally disabled.
 2. Proof of residency such as Utility Bill (Dominion Power) or Bank Statement.
 3. Copy of Photo ID
 4. Signed Veteran certification form.

Please carefully review the statements in the declaration before you sign your application. With your signature, you are making a declaration, under penalty of law, that all of the statements are true and correct.

Your completed application, along with the required document, may be mailed to the Commissioner of the Revenue or delivered in person to either of our office locations as listed below. If you choose, you may download the application from our website at www.nnva.gov/cor.

If you have questions about this program or need assistance, please call (757)926-3535.

City Hall • 2400 Washington Avenue • Newport News, Virginia 23607
Denbigh • 12912 Jefferson Avenue • Newport News, Virginia 23608
Telephone: (757) 926-3535 • Fax: (757) 247-2628

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DISABLED VETERAN MOTOR VEHICLE CERTIFICATE OF DISABILITY

The State Code of Virginia and ordinance of the City of Newport News provide that veterans with a qualifying disability shall be eligible for a reduced personal property tax rate for **one** motor vehicle owned and used personally by the veteran as provided by Section 40-220.9 of the City Code.

DISABLED VETERAN'S NAME _____

V.A. CLAIM NO. _____

TO THE VETERAN:

1. Fill in the section above.
2. Send this form to the address below for validation:

**Veterans Services Officer
210 Franklin Road S.W.
Roanoke, VA 24011**

3. When validated, mail to:
**Commissioner of the Revenue
2400 Washington Avenue
Newport News, VA 23607**

OFFICE USE ONLY

ACCOUNT NUMBER _____

V.A. USE ONLY

This veteran is certified disabled as follows under provisions of Virginia Law (**please check all that apply**):

- ___ Loss of sight, limb(s), or hand(s)
- ___ Loss of use of limb(s), or hand(s)
- ___ Permanently and totally disabled
- ___ Disability is military service connected

Effective date of disability _____

Certified by

Veterans Services Officer

Date