



Joseph E. Taylor  
Commissioner

# Mecklenburg County, Virginia

Office of

Commissioner of the Revenue

Post Office Box 360

Boydton, VA 23917

Tel: 434-738-6191 Fax: 434-738-6458

Email: [meckcorpp@mecklenburgva.com](mailto:meckcorpp@mecklenburgva.com)

|                       |
|-----------------------|
| Tax Year<br>2021-2022 |
|-----------------------|

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

|  |                       |   |   |
|--|-----------------------|---|---|
| <b>QUALIFICATIONS:</b>   |                       |   |   |
| <ul style="list-style-type: none"> <li>Disabled Veteran with a 100% service-connected, permanent and total disability.</li> <li>Motor vehicle must be owned by the Disabled Veteran, joint owned with spouse, or solely by the spouse but used primarily by or for the Disabled Veteran.</li> </ul>  |                       |   |   |
| <b>REQUIRED DOCUMENTATION:</b>   |                       |   |   |
| <ul style="list-style-type: none"> <li>Certification from U.S. Department of Veterans Affairs with a 100% service-connected, permanent and total disability.</li> <li>Copy of the Disabled Veterans Driver's License/Photo ID</li> <li>Copy of the Disabled Veterans Spouse's Driver's License/Photo ID if jointly or solely owned</li> </ul>  |                       |   |   |
| <b>APPLICANT INFORMATION</b>   |                       |   |   |
| Name of Disabled Veteran (Last, First, Middle Initial)   |                       | Social Security No:   | Telephone No(s):  |
| Name of Spouse if vehicle is solely or jointly owned (Last, First, Middle Initial)   |                       | Social Security No:   | Telephone No(s):  |
| Physical Address   |                       |   |   |
| Mailing Address (if different from Primary Address):   |                       |   |   |
| Vehicle Identification Number (VIN)  | Vehicle Year          | Vehicle Model   | Title Number  |
| Is the above-listed vehicle owned by the Disabled Veteran?   |                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| Is the above listed vehicle jointly owned by the Disabled Veteran and spouse?  |                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| Is the above listed vehicle owned solely by the spouse but used primarily by or for the Disabled Veteran?  |                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| <b>DOCUMENTATION INFORMATION</b>   |                       |   |   |
| <b>Certification from U.S. Department of Veterans Affairs with a 100% service-connected, permanent and total disability:</b>   |                       |   |   |
| <input type="checkbox"/> Please attach   |                       | <input type="checkbox"/> Already on file with the Commissioner of the Revenue |   |
| <b>Copy of the Disabled Veterans Driver's License/Photo ID:</b>  |                       |   |   |
| <input type="checkbox"/> Please attach   |                       | <input type="checkbox"/> Already on file with the Commissioner of the Revenue |   |
| <b>Copy of the Disabled Veterans Spouse's Driver's License/Photo ID if jointly or solely owned but used primarily by or for the veteran</b>  |                       |   |   |
| <input type="checkbox"/> Please attach (if applicable)   |                       | <input type="checkbox"/> Already on file with the Commissioner of the Revenue |   |
| <b>CERTIFICATION</b>   |                       |   |   |
| <b>Disabled Veteran:</b><br>I declare, under penalty of perjury, that I am the owner of the above listed vehicle, that 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 that I understand I may have to reapply for tax relief each year. 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. |                       | <b>&amp;</b>  | <b>Spouse of Disabled Veteran:</b><br>(IF VEHICLE IS JOINTLY OR SOLELY OWNED):<br>I declare, under penalty of perjury, that I am the Spouse of the above-listed Disabled Veteran. I am the joint or sole owner of the above listed vehicle. |
| _____<br>Signature of Disabled Veteran   | _____<br>Date         | _____<br>Signature of Spouse  | _____<br>Date   |
| _____<br>Signature of Preparer (If not Applicant)  | _____<br>Relationship | _____<br>Telephone No.  | _____<br>Date   |

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FOR MORE INFORMATION, CONTACT:

**Commissioner of the Revenue- Personal Property Office**

**Telephone:** 434-738-6191 Ext. 4272

**Email Address:** [meckcorpp@mecklenburgva.com](mailto:meckcorpp@mecklenburgva.com)

**Mailing Address:** P O Box 360  
Boydton, VA 23917

**Location Address:** 311 Washington St.  
Boydton, VA 23917

**IMPORTANT INFORMATION**

Pursuant to Article X, Section 6-(a) (8) of the Constitution of Virginia, The General Assembly exempted from taxation **one** motor vehicle owned and used primarily by or for any Disabled Veteran who has been rated by the U.S. Department of Veterans Affairs or its successor agency pursuant to federal law to with a 100% service-connected, permanent and total disability.

The exemption set forth in this Article shall apply to a motor vehicle owned solely by the Disabled Veteran, jointly by the Disabled Veteran and a spouse, or solely by the spouse with the vehicle used primarily by or for the Disabled Veteran. The law as passed defines a motor vehicle as being a passenger car, a pickup, or panel truck that is registered for personal use.

The Disabled Veteran claiming the exemption under this Article shall file with the Commissioner of the Revenue an application and all required documentation.

The application shall state the name of the Disabled Veteran and the name of the spouse (if any) owning the motor vehicle.

The veteran shall also provide documentation from the U. S. Department of Veterans Affairs or its successor indicating that the veteran has a 100% service –connected, permanent and total disability. **The Disabled Veteran or spouse must own the vehicle on July 1<sup>st</sup>. The Disabled Veteran shall be required to verify the vehicle information, disability status, and current documentation each year by August 1<sup>st</sup>.**

**Privacy Act Notice:** Disclosure of your social security number on the form is mandatory, as authorized by the Virginia Sate 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 OFFICE USE ONLY\*\***

**Date Application Received:**

**Account number:**

**Owner(s) of Vehicle:**

**Qualifies for Relief:**  Yes  No **If no, explain:**

**Vehicle :**

**Notes:**

**Vehicle Value:**

**Tax Rate:**

**Total Taxes:**

**Amount of Relief:**

**Initials:** \_\_\_\_\_

**Date:** \_\_\_\_\_