CITY OF HARRISONBURG, VIRGINIA
Karen I. Rose, Master Commissioner of the Revenue
409 South Main Street
HARRISONBURG, VA 22801
Phone: 540-432-7795 Fax: 540-432-8938
www.harrisonburgva.gov

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

QUALIFICATIONS:

- Disability of Veteran must be 100% Service-connected AND Permanent AND Total.
- Motor vehicle must be owned by the Disabled Veteran, owned jointly with the spouse or owned solely by the spouse and used primarily by or for the Disabled Veteran.
- Exemption expires on the date of the Veteran's death.

REQUIRED DOCUMENTATION:

- Certification of disability being: (a) 100% service-connected, AND (b) permanent, AND (c) total.

APPLICANT INFORMATION

Name of Veteran *(Last, First, Middle Initial):*	Date of Birth:	Social Security No.:	Telephone No(s):
Name of Spouse *(Last, First, Middle Initial):*	Date of Birth:	Social Security No.:	Telephone No(s):

Mailing Address:

Does the Veteran, Veteran and Spouse or Spouse own a vehicle that is being used for the veteran? ☐ Yes ☐ No if yes complete below:

Make of Vehicle _____ Model of Vehicle _____ VIN of Vehicle _____

Is the above-listed motor vehicle garaged in the City of Harrisonburg? ☐ Yes ☐ No

Does the motor vehicle have disabled veterans plates? ☐ Yes ☐ No

Certification from the U.S. Department of Veterans Affairs of 100% service-connected, permanent, and 100% total disability is:

☐ Attached ☐ Already on file with the Commissioner of Revenue

CERTIFICATION

VETERAN:

I declare, under penalty of perjury, that the above-listed motor vehicle is owned by me and used primarily for me, 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 must reapply for tax relief if garaging jurisdiction changes from the City of Harrisonburg. 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

_____ _____ _____ _____
Signature of Preparer (if not Applicant) Relationship Telephone No. Date

[OVER]

FOR MORE INFORMATION, CONTACT:	
Office of the Commissioner of the Revenue ***Email:*** Deanna.Lam@harrisonburgva.gov ***Telephone:*** 540-432-7704 ***Facsimile:*** 540-432-7781	***Mailing Address:*** 409 S. Main St, Harrisonburg VA 22801 ***Physical Address:*** 409 S. Main St 1st Floor ***Website:*** www.harrisonburgva.gov

IMPORTANT INFORMATION

Pursuant to Article X, Section 6-A of the Constitution of Virginia, the General Assembly exempted from taxation one motor vehicle owned and used primarily by or for a Veteran of the Armed Forces of the United States or the Virginia National Guard who has been rated by the U.S. Department of Veterans Affairs or its successor agency pursuant to federal law to have a 100 percent service-connected, permanent and total disability. Any such vehicle owned by a married person may qualify if either spouse is a Veteran who is rated as 100 percent disabled. The exemption does not automatically exempt the motor vehicle from the annual vehicle license fee.

The Veteran claiming the exemption under this Article shall file with the Commissioner of the Revenue an Application, including Certification:

(a) setting forth the name of the disabled Veteran and the name of the Spouse (if any) also owning the motor vehicle,

(b) certifying that the motor vehicle is owned and used primarily for the Veteran and

(c) certifying that the motor vehicle is garaged in the City of Harrisonburg.

The Veteran shall also provide documentation from the U.S. Department of Veterans Affairs or its successor indicating that the Veteran has a 100 percent service-connected, permanent, and total disability. The Veteran will be sent an information questionnaire each year to ensure the City of Harrisonburg has the correct motor vehicle and that the veteran is still living in the City of Harrisonburg.

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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.

****FOR OFFICE USE ONLY****

Date Application Received: **Personal Property Acct# _____**

Owner(s) of Motor Vehicle:

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

Motor Vehicle Value:	
Tax Rate:	
AMOUNT OF RELIEF:	

Initials: _____ ***Date:*** _____