



Office of Commissioner of the Revenue
Sussex County

Ellen G. Boone
Commissioner

**APPLICATION FOR PERSONAL PROPERTY TAX RELIEF
(DISABLED VETERAN)
JANUARY 1, 2024**

ACCORDING TO 2019 LEGISLATION, SJ 278: CONSTITUTIONAL AMENDMENT (FIRST RESOLUTION); PERSONAL PROPERTY TAX EXEMPTION, MOTOR VEHICLE OF A VETERAN WHO IS DISABLED.

THIS BILL PROVIDES THAT ONE MOTOR VEHICLE OF A VETERAN WHO **HAS A 100 PERCENT SERVICE CONNECTED, PERMANENT, AND TOTAL DISABILITY SHALL BE EXEMPT FROM STATE AND LOCAL TAXES. THE AMENDMENT PROVIDES THAT ONLY AUTOMOBILES AND PICKUP TRUCKS QUALIFY FOR THE EXEMPTION.** ADDITIONALLY THE EXEMPTION IS ONLY APPLICABLE ON THE DATE THE MOTOR VEHICLE IS ACQUIRED OR THE EFFECTIVE DATE OF THE AMENDMENT, WHICHEVER IS LATER, AND IS NOT APPLICABLE FOR ANY PERIOD OF TIME PRIOR TO THE EFFECTIVE DATE OF THE AMENDMENT.

APPLICATIONS MUST BE FILED EACH YEAR WITH THE COMMISSIONER OF THE REVENUE'S OFFICE BY MAY 1, 2024. ALL INFORMATION ON THE APPLICATION IS CONFIDENTIAL. FOR ADDITIONAL INFORMATION, PLEASE CALL 434-246-1022 OR 434-246-1030 OR COME TO 15087 COURTHOUSE ROAD, SUSSEX COUNTY, SUSSEX, VIRGINIA 23884.

PLEASE COMPLETE THE APPLICATION AND RETURN TO MY OFFICE SIGNED, WHICH WILL QUALIFY YOU FOR THE CREDIT.

Applicant: _____
Last Name First Middle

Birth Date: _____ Social Security Number _____
(MM/DD/YYYY)

Phone Number: _____



Office of Commissioner of the Revenue
Sussex County

Ellen G. Boone
Commissioner

NAME AS IT APPEARS ON THE TITLE OF ONE MOTOR VEHICLE OWNED & REGULARLY USED BY THE DISABLED VETERAN.

Name on Title: _____

Year: _____ Make: _____ Model: _____

Vehicle Vin#: _____

Mailing Address: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS AND MARK THE APPROPRIATE BOX

1. Is this motor vehicle owned and regularly used by the Veteran? Yes ___ No ___
2. Is the Veteran 100% permanently and totally disabled as certified by the Department of Veterans Affairs? Yes ___ No ___
3. Is the Veterans disability service connected? Yes ___ No ___

In order to qualify, the Disabled Veteran shall provide a written statement to the Commissioner of the Revenue or other assessing officer from the Department of Veterans' Affairs that the Veteran has been designated as classified by the Department of Veterans' Affairs as to meet the requirements so designated by the Code Section, and that his/her disability is service connected. If paperwork has been filed with the Commissioner of the Revenue, prior to this application, please disregard.

AFFIDAVIT

I do hereby declare that the information included in this application is, to the best of my knowledge and belief, complete and true in all respects and that the motor vehicle listed above owned and regularly used by me. The application will be returned if not signed by the applicant. Any person who knowingly falsely claims an exemption shall be guilty of a misdemeanor and upon conviction thereof, maybe punished by a fine.

Signature of Applicant

Date