

CITY OF WILLIAMSBURG

**APPLICATION FOR REAL ESTATE TAX EXEMPTION
“EXEMPTION OF QUALIFYING DWELLINGS OF SURVIVING SPOUSES OF CERTAIN
MEMBERS OF THE UNITED STATES ARMED FORCES KILLED IN ACTION”**

Code of Virginia Sec. §58.1-3219.9, beginning on January 1, 2015 and thereafter, there is hereby exempted from taxation the real property qualified dwelling as described in subsection (b) of the surviving spouse (i) of any member of the armed forces of the United States who was killed in action as determined by the United States Department of Defense and (ii) which surviving spouse occupies the real property as such spouse’s principal place of residence.

In order to be eligible for the exemption, the surviving spouse must provide the following completed documentation to the City of Williamsburg Real Estate Assessment Office:

1. This application
2. The affidavit completed, signed and dated
3. Documentation from the U.S. Department of Defense

Deeded Owner/Joint Owner(s) _____

Surviving Spouse _____

Principal Residence Property Address _____

Phone Number _____

Mailing address _____

Date killed in action _____

Once approved, this exemption shall continue until one of the following occurs:

1. Surviving Spouse remarries
2. Surviving Spouse changes his/her principal place of residence

Upon the surviving spouse’s remarriage or change to his/her principal place of residence the surviving spouse shall notify the City of Williamsburg Finance Director immediately.

Affidavit:

I, _____, do hereby swear and affirm that I am the surviving spouse of _____ a member of the United States Armed Forces killed in action dated _____. My principal place of residence is at _____, located in the City of Williamsburg of which I own solely or jointly.

I acknowledge that it shall be my responsibility to comply with all of the above terms and I understand that it is my responsibility to notify the Finance Director for the City of Williamsburg of changes in marital status or my principal place of residency.

The surviving spouse shall be required to re-file the information required by this application only if the surviving spouse's principal place of residence changes.

The undersigned understands the terms and conditions of the exemption as stated above.

I understand that any material misrepresentation in any of the above information shall disqualify me from further participation in the program.

Veteran's Surviving Spouse

Date

Please return completed application and required documentation to the City of Williamsburg Real Estate Assessment Office, 401 Lafayette Street, Williamsburg, VA 23185.

For Office Use only:
Fiscal Tax Year _____
Qualified Dwelling Average Assessed Value _____
Qualified Dwelling Assessed Value _____
Qualified Dwelling Tax Status _____