



NORFOLK

OFFICE USE ONLY

Tax Year	Pin #	Acct. #	

**Real Estate Tax Exemption Application
Surviving Spouse of Veteran Killed in Action**

Your home address to claim for real estate tax exemption:

Is this your principal place of residence?

Print name of veteran killed in action, name of surviving spouse and any additional owners who occupy, as their principal residence, the above property for which the exemption is being claimed:

Name of Veteran _____

Name of Surviving Spouse _____

Additional Owner(s) _____

Attach documentation from the U.S. Department of Veterans Affairs (or its successor agency pursuant to federal law) that verifies the veteran was killed in action, as determined by the U.S. Department of Defense. *(Exemption cannot be processed without this documentation.)*

Attach a copy of the veteran's death certificate.

Attach a copy of the marriage license.

Signed this _____ day of _____, 20_____. I certify that the information contained on this application is complete and accurate.

Signature of Surviving Spouse

Telephone Number

Submit this application along with the supporting documentation to the address below:

Mail or Drop Off Application
Department of Human Services
741 Monticello Ave
Norfolk, VA 23510

For Information/Inquires
757-823-1130
Fax 757-664-3275