



**Jody Acosta, MGT**  
Treasurer, City of Falls Church  
300 Park Avenue, Suite 201W ♦ Falls Church, VA 22046-3301  
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## **Exemption for Surviving Spouse of Service Members Killed in Action**

### **To qualify, person must be all of the below:**

A surviving spouse of a member of the armed forces of the United States who was killed in action, who occupies the real property to be exempted as his/her principal place of residence; and who has not remarried since death of spouse.

### **Property must:**

Be owned or held in certain types of trust by the surviving spouse; Ownership need not be solely by the surviving spouse, but if property is owned by surviving spouse together with others; then special rules will apply to calculate the amount of the exemption.

Be assessed at no more than the average assessed value for all dwellings located in the city and zoned for single family residential for that year.

### **To Qualify for exemption, applicant must:**

Sign a written statement, stating surviving spouse's name, name of any other owners of the property and certifying that the property is occupied as the surviving spouse's principal residence; and

Provide documentation from the United States Department of Defense indicating the date that deceased spouse was killed in action.

### **Once an exemption is Approved, Surviving Spouse must report:**

Any remarriage **and/or** any change in principal place of residence.

**Applications are due no later than April 15, 2020**



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### **Statement In Support of Tax Exemption** **Pursuant to Va. Code Ann. §58.1-3219.9**

I, \_\_\_\_\_, make this statement in support of my application for an exemption from taxation on real estate pursuant to Virginia Code Ann. § 58.1-3219.9. I hereby certify that my principle place of residence is the property located at \_\_\_\_\_ in the City of Falls Church, Virginia and that I own the property at that address. Others who have an ownership interest in that property are \_\_\_\_\_.

I further certify that I am the surviving spouse of \_\_\_\_\_, who was killed in action on \_\_\_\_\_. I further certify that I have not remarried since the death of my spouse listed above.

I understand that my property's exemption from taxation will not be effective until the Treasurer of the City of Falls Church has verified my ownership of the property and I have provided documentation from the United States Department of Defense indicating the date that my spouse was killed in action. I further understand that I am required to notify the Treasurer of the City of Falls Church if my principal place of residence changes or if I remarry.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date