



## **Jody Acosta, MGT**

Treasurer, City of Falls Church

300 Park Avenue, Suite 201W ♦ Falls Church, VA 22046-3301

(703) 248-5046 (TTY 711) ♦ [treasurer@fallschurchva.gov](mailto:treasurer@fallschurchva.gov)



### **Exemption for Surviving Spouse of Disabled Veteran**

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

A surviving spouse of a member of the armed forces of the United States who had a 100% service-related disability and was deemed totally and permanently disabled, 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.

#### **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 a copy of the Death Certificate of deceased spouse, and documentation from the United States Department of Veteran Affairs indicating the effective date of the deceased spouse's disability award, if said documentation is not already on file with the Treasurer's Office.

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

Any remarriage **and/or** any change in principal place of residence within 30 days of change.

**Applications are due no later than April 15, 2024**



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## Statement In Support of Tax Exemption Pursuant to Va. Code Ann. §58.1-3219.5

I, \_\_\_\_\_, make this statement in support of my application for an exemption from taxation on real estate pursuant to Virginia Code Ann. § 58.1-3219.5. 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 a Disabled Veteran and received a 100% service related, total and permanent disability rating with effective date 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 Veteran Affairs indicating the effective date that my spouse was awarded their 100% service-related, total and permanent disability rating. 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 within 30 days of the change in status.

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date