



CITY OF HOPEWELL, VIRGINIA
 Debra Kloske Reason, Master Commissioner of the Revenue
 P.O. Box 1604 Hopewell, Virginia 23860
 Phone: (804) 541-2237 Fax: (804) 541-2207

NEW

**PERSONAL PROPERTY TAX RELIEF
 FOR DISABLED VETERANS APPLICATION**

QUALIFICATIONS:

- The veteran is certified as disabled by the Department of Veterans Affairs.
- The disability involves the loss of or loss of use of a leg, arm, or hand, or blindness as defined by Virginia State Code §46.2-100, or being 100% permanently and totally disabled.
- The disability is service-connected.
- The vehicle must be owned or jointly owned with spouse (proof may be requested) and regularly operated by the veteran and registered in the City of Hopewell.

REQUIRED DOCUMENTATION FOR NEW APPLICANTS:

- Completed and signed application – only one vehicle per veteran may qualify.
- Certification of disability from the Department of Veterans Affairs indicating the disability.

APPLICANT INFORMATION

Name of Veteran (Last, First, Initial)	Social Security No.:
Veteran's Spouse:	Spouse's Social Security No.:
Address:	City/State/Zip:
Phone #:	

VEHICLE INFORMATION

Year:	Make:
Model:	VIN:
Title No.:	Plate No.:
Is the above listed property owned by the Veteran OR jointly owned by the Veteran and the spouse?	
Is the above listed property regularly operated by or for the Veteran?	
Have you previously applied and are updating information? What has changed?	

CERTIFICATION:

I declare, under penalty of perjury, that the above-listed personal property is owned and regularly operated by me and is registered in the City of Hopewell, that I have provided to this office the original, designated U.S. Department of Veteran Affairs letter issued to me attesting to my disability. I further declare, under penalty of perjury, that the foregoing information and accompanying documentation are true, correct, and complete to the best of my knowledge.

Signature of Applicant / Owner:	Date:
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****FOR OFFICE USE ONLY****

Qualifies for Relief:	If no, explain:
Effective Date:	Ending Date:
	Account No.: