



County of Northampton

CHARLENE P. GRAY

COMMISSIONER OF THE REVENUE

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Affidavit for Exemption from Real Estate Taxes of Disabled Veteran

Name of Veteran _____

Name of Spouse Occupying Home _____

Address _____

Phone _____

The home is () Owned by the Veteran () Jointly Owned by Veteran and Spouse
() Jointly owned by Veteran and Others

I certify that the above listed address is my principal place of residence.

Please provide documentation from the United States Department of Veterans Affairs, or its successor agency specifying the 100% service connected permanent and total disability.

Please provide documentation of Northampton County residency at the above address.

Veterans shall notify the County of Northampton, Commissioner of the Revenue's Office, if this real estate is **no longer the principal place of residence.**

Signature _____ Date _____

*The County of Northampton and the Commonwealth of Virginia
thank you for your service and sacrifice.*