



Ross A. Mugler  
Commissioner of the Revenue  
City of Hampton



**SURVIVING SPOUSE OF MEMBER OF U.S. ARMED FORCES KILLED IN ACTION**

**REAL ESTATE TAX EXEMPTION APPLICATION**

Name of Surviving Spouse (Last, First, Middle Initial)		Social Security Number	
Name of Deceased Spouse (Last, First, Middle Initial)		Social Security Number	
Address of Primary Residence to be Exempted from Local Real Estate Tax			Zip Code
Legal Ownership of Residence: <input type="checkbox"/> Surviving Spouse Only <input type="checkbox"/> Other: List Name(s) and Relationship to Applicant			
Mailing Address (If different from primary residence address)			
Home Phone		Alternative Phone	
Do you occupy the listed property as your primary residence? If yes, effective date:			YES      NO
As the surviving spouse, have you remarried at any time?			YES      NO
Applicant's Current Marital Status <input type="checkbox"/> Widow(er) <input type="checkbox"/> Married <input type="checkbox"/> Divorced Effective date of Marital Status:			

**AFFIDAVIT**

**SURVIVING SPOUSE OF MEMBER OF U.S. ARMED FORCES KILLED IN ACTION:** Under penalty of perjury I hereby certify and attest all answers given on the official document are true and correct. I understand additional information and/or documentation may be required for determining eligibility. I further understand additional information and/or documentation may be required for determining continuing eligibility. I affirm that I have the duty to report to the Commissioner of the Revenue any changes in principal residence, ownership of property, marital status or any other information relating to this real estate tax exemption.

Applicant Signature:	Date
Applicant Name (Please Print):	