



Ross A. Mugler
 Commissioner of the Revenue
 City of Hampton



APPLICATION

SURVIVING SPOUSE OF DISABLED VETERAN

REAL ESTATE TAX EXEMPTION

Name of Surviving Spouse (Last, First, Middle Initial)		Social Security Number	
Name of Veteran (Last, First, Middle Initial)		Social Security Number	
Address of Primary Residence to be Exempted from Local Real Estate Tax			Zip Code
Mailing Address (If different from primary residence address)			
Home Phone		Alternative Phone	
Do you own the above addressed primary residence?			YES NO
Do you occupy the above addressed primary residence?			YES NO
As a surviving spouse of a deceased qualified veteran, have you remarried?			YES NO

AFFIDAVIT

Spouse of Veteran: I hereby certify that I am the surviving spouse of the above named qualified veteran; I have presented to this office a certified copy of the veteran's death certificate confirming a date of death is on or after January 1, 2011 and certified documentation of marriage to the above qualified veteran. I further certify:

- I continue to occupy the eligible property as my primary residence, AND
- As the surviving spouse of the qualified veteran, I have not remarried.

Signature	Date
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