



Ross A. Mugler
Commissioner of the Revenue
City of Hampton



APPLICATION

DISABLED VETERAN

REAL ESTATE TAX EXEMPTION

Name of Veteran: (Last, First, Middle Initial)		Social Security Number	
Name of Spouse (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	
Are you and your spouse joint-owners of the above addressed primary residence?			YES NO
Are you and/or your spouse occupying the above addressed primary residence?			YES NO

AFFIDAVIT

Veteran: I hereby certify that the above stated physical address is occupied as my primary place of residence and that I have presented to this office the original, designated U.S. Department of Veterans Affairs letter issued to me attesting that I am 100% service-connected, permanent and totally disabled. I understand I must reapply for exemption if my principal place of residence changes.

Signature	Date
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