



PRINCE GEORGE, VIRGINIA
Darlene M. Rowsey, Commissioner of the Revenue
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www.princegeorgecountyva.gov

APPLICATION FOR REAL PROPERTY TAX EXEMPTION FOR SURVIVING SPOUSES OF EMERGENCY SERVICE PROVIDER KILLED IN THE LINE OF DUTY

QUALIFICATIONS:

- Emergency Service Provider must have been killed in Line of Duty.
- Real Property must be deeded and occupied as principal place of residence.
- Surviving Spouse must be identified. (Proof required)
- Surviving Spouse cannot be remarried.

REQUIRED DOCUMENTATION:

- Determination of the Comptroller or Virginia Retirement System pursuant to Virginia Code 58.1-3219.14(A)
- Copy of Death Certificate.
- Photo Identification.
- Proof of residency occupancy, such as a utility bill.
- Certificate of Marriage.

APPLICANT INFORMATION			
Name of Deceased Emergency Provider <i>(Last, First, Middle Initial)</i> :	Date of Birth:	Social Security No.:	Telephone No(s):
Name of Surviving Spouse <i>(Last, First, Middle Initial)</i> :	Date of Birth:	Social Security No.:	Telephone No(s):
Address of Primary Residence To Be Granted Local Real Estate Tax Relief :			
Mailing Address <i>(if different from Primary Residence Address)</i> :			
Is the above-listed Primary Residence deeded and occupied by the Surviving Spouse?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is the above-listed Primary Residence jointly owned by the deceased service provider and Spouse?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Is the above-listed Primary Residence deeded and occupied by any other individual?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Has the above-named Surviving Spouse remarried?	<input type="checkbox"/>	Yes	<input type="checkbox"/> No
Determination of the Comptroller or Virginia Retirement System pursuant to Virginia Code 58.1-3219.14(A) Attached <input type="checkbox"/>			
CERTIFICATION			

SURVIVING SPOUSE OF EMERGENCY SERVICE PROVIDER KILLED IN THE LINE OF DUTY:

I declare, under penalty of perjury, that I am the Surviving Spouse of the above-listed Emergency Service Provider and that I have presented to this office a certified copy of the death certificate, that I occupy the above listed physical address as my primary place of residence, and that I have provided to this office the original Determination of the Comptroller or Virginia Retirement System pursuant to Virginia Code 58.1-3219.14(A) issued to the Surviving Spouse attesting to the death of the provider killed in line of duty and that I have not remarried. 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 and belief.

 Signature of Surviving Spouse

 Date

FOR MORE INFORMATION, CONTACT:

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IMPORTANT INFORMATION

Pursuant to subdivision (b) of Section 6-B of Article X of the Constitution of Virginia, and for tax years beginning on or **after** January 1, 2017, the General Assembly hereby exempts from taxation the real property described in subsection B of the surviving spouse (i) of any emergency provider who was killed in line of duty as determined by the Comptroller or the Virginia Retirement System pursuant to Virginia Code 58.1-3219.14(A)

The Surviving spouse of an emergency provider killed in the line of duty shall qualify for the exemption so long as the surviving spouse does not remarry.

The Surviving Spouse claiming the exemption under this Article shall file with the Commissioner of the Revenue an Application, including Certification:

- (a) setting forth the name of the deceased emergency service provider killed in the line of duty
- (b) indicating whether the real property is jointly owned by the provider and spouse,
- (c) certifying that the real property is occupied as the primary residence by the Surviving Spouse, and
- (d) certifying that the Surviving Spouse has not remarried.

The Surviving Spouse shall also provide documentation from the Comptroller or the Virginia Retirement System indicating that the Emergency Provider was killed in the line of Duty. The Surviving Spouse shall only be required to re-file the required information if the primary residence changes.

Privacy Act Notice: Disclosure of your social security number on this form is mandatory, as authorized by the Virginia State Code, Section **58.1-3017**. Social security numbers are regarded as confidential, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose.

**** FOR OFFICE USE ONLY ****

Date Application Received:

Record No.:

Owner(s) of Record:

Map No.:

Qualifies for Relief: Yes No If no, explain:

Land Value:

Mobile Home Value:

Building Value:

Total Value:

Tax Rate:

Tax Rate:

Total Taxes:

Total Taxes:

AMOUNT OF RELIEF:

AMOUNT OF RELIEF:

Initials: _____ Date: _____