



# Clarke County Virginia

Donna Mathews Peake, Commissioner of the Revenue  
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## Real Property Tax Relief Application for 100% Disabled Veterans (Service Related)

<b>Applicant Information</b>		
Name (Applicant/Owner):	Social Security #:	Phone #:
Name (Co-Owner/Spouse):	Social Security #:	Phone #:
Property Address:	Mailing Address if different than Property Address:	
<b>CERTIFICATIONS</b>		
Certification from U.S. Department of Veteran Affairs 100% Service Connected Disability attached. Is this property occupied as the principal residence by the qualifying veteran? ___ Yes ___ No Is this property occupied as the principal residence by the qualifying veteran's surviving Spouse? ___ Yes ___ No Is this property jointly owned by the applicant and spouse? ___ Yes ___ No (if no, please describe ownership arrangement)		
<b>Privacy Act Notice:</b> 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, will not be disclosed for any other purpose.		

I (we) declare, under penalties provided by law, that this certification has been examined by me (us) and to the best of my (our) knowledge and belief is true, correct, and complete.

\_\_\_\_\_  
Signature of Applicant/Owner

\_\_\_\_\_  
Signature of Co-Owner/Spouse

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date