



OFFICE OF THE COMMISSIONER OF THE REVENUE  
CITY OF FAIRFAX  
WILLIAM PAGE JOHNSON, II  
Commissioner of the Revenue



**Application for a Personal Property Exemption  
for Qualifying Disabled Veterans**

1. Vehicle Requested: \_\_\_\_\_ / \_\_\_\_\_  
VIN # or Va. License Plate # / Year/Make/Model
2. Disabled Veteran: \_\_\_\_\_  
(owner) Last Name, First Name, Middle Initial
3. Current Address: \_\_\_\_\_  
House # Street Name Unit #  
\_\_\_\_\_  
City State Zip Code
4. DMV ID or Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Please attach official documentation from the Department of Veterans Affairs that verifies the disabled veteran applicant has been rated by such agency to have a "100% service-connected, permanent, and total disability or has either lost, or lost the use of, one or both legs, or an arm or a hand, or who is blind." (Application cannot be processed without this documentation.)

Joint spousal ownership does not prevent a disabled veteran from qualifying for the exemption. However, by statute, the exemption does not apply to a vehicle owned jointly with individuals other than a spouse, or a surviving spouse.

- ☐ I certify that I am a veteran of the United States military who is totally and permanently (100%) disabled, that my disability is service connected and I meet the requirements of §58.1-3506. (A)(19) Code of Virginia. I further certify that I have been rated as totally and permanently (100%) disabled by the Virginia Department of Veterans Services, in accordance with §58.1-3506. (A)(19), as witnessed by the attached written statement from the Virginia Department of Veteran Services.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. Subject to the penalty proscribed by Va. Code §58.1-11, I certify that the information contained on this application is complete and accurate.

\_\_\_\_\_  
Signature of Disabled Veteran

\_\_\_\_\_  
Signature of Co-Owner, if any

**Daytime Telephone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

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Office Use Only:

Property # \_\_\_\_\_  
Received: \_\_\_\_\_ Date: \_\_\_\_\_  
Approved: \_\_\_\_\_ Rejected: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this application and submit it along with supporting documentation to the Commissioner of the Revenue at the following address:

William Page Johnson, II  
Commissioner of the Revenue  
10455 Armstrong Street, #224  
Fairfax, Virginia 22030

If you have questions, please feel free to e-mail the Commissioner of the Revenue at [page.johnson@fairfaxva.gov](mailto:page.johnson@fairfaxva.gov) or call 703-385-7880 to speak with a member of the staff.

The Commissioner of the Revenue will review your application and contact you directly if further information is required. Otherwise, the Commissioner of the Revenue will notify you once your application has been approved. By statute, only one vehicle may be taxed at the lower rate for each qualifying disabled veteran.

Qualified disabled veterans need only apply once, but must contact Commissioner of the Revenue by May 1st each year to receive the lower rate on a different vehicle should the approved vehicle be removed from the city, sold, or otherwise disposed of.

Please note that a special rate for qualified disabled veterans is subject to adoption each year by the Fairfax City Council during the annual budget process.

The applicable section of the Code of Virginia is as follows:

§58.1-3506(A)(19) Other classifications of tangible personal property for taxation:

*“One motor vehicle owned and regularly used by a veteran who has either lost, or lost the use of, one or both legs, or an arm or a hand, or who is blind or who is permanently and totally disabled as certified by the Department of Veterans Services. In order to qualify, the veteran shall provide a written statement to the commissioner of revenue or other assessing officer from the Department of Veterans Services that the veteran has been so designated or classified by the Virginia Department of Veterans Services as to meet the requirements of this section, and that his disability is service-connected. For purposes of this section, a person is blind if he meets the provisions of § 46.2-100.”*

For additional information on veteran disability benefits, including veteran disability ratings, contact:

Virginia Department of Veterans Services  
210 Franklin Road S.W., 810  
Roanoke, VA 24011  
(540) 597-1730