



County of Fairfax Property Tax Exemption Transfer Form

Name:	Social Security Number:
Email:	Phone Number:

REAL ESTATE TAX EXEMPTION TRANSFER FOR DISABLED VETERAN OR SURVIVING SPOUSE

- Property listed below is your principal residence.
- Disabled veteran or surviving spouse is not receiving exemption on any other home in United States.

Property address of your new principal residence:	Move/Sold Date:
Property address of your prior principal residence:	Move/Sold Date:

VEHICLE TAX EXEMPTION TRANSFER FOR DISABLED VETERANS ONLY

- New vehicles must be registered with the Virginia Department of Motor Vehicles and been issued a title number prior to submitting this application, otherwise your request will be denied.
- Surviving Spouse does not qualify for vehicle tax exemption.
- Pursuant to Fairfax County Code § 4-17.2-2 applicants who meet the requirements under Virginia Code § 46.2-739 and 46.2-755(B) for vehicle tax exemption as a disabled veteran are entitled to exemption from the local vehicle registration license fee on one and one only vehicle.

Current Vehicle Receiving Reduced Tax Rate:		
Year:	Make:	Vehicle Identification Number (VIN):
New Vehicle for Reduced Tax Rate:		
Year:	Make:	Vehicle Identification Number (VIN):

The date in which the new vehicle became the veteran's regularly used vehicle.	Date:
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Privacy Act Notice: Disclosure of your Social Security Number, if any, on this form is mandatory. The County Department of Tax Administration is requesting this number in accordance with the authority provided by **Virginia Code Section 58.1-3017 and 42 U.S.C. Section 405**. Social Security Numbers are used as a means of identification for the filing, retrieval, and processing of local tax exemption applications. Those numbers are also used where necessary to facilitate tax collection and to provide tax refunds to taxpayers. Social Security Account Numbers are regarded as confidential tax information, and except as otherwise provided by law, those numbers will not be disclosed for any other purpose. If you do not disclose a Social Security Number, you may encounter delays in the processing of your application.

I (we) swear or affirm that the statements and figures contained in this application are true, full, and correct to the best of my (our) knowledge and belief, and (we) understand that any factors occurring during the taxable year for which the affidavit is filed that will result in exceeding or violating the limitations and conditions provided by the Code of Virginia, shall nullify the property tax exemption.

Signature: _____ Date: _____

Please mail completed transfer form to: Department of Tax Administration (DTA) 12000 Government Center Pkwy Suite 225.5 Fairfax, Virginia 22035-0032	Contact the Tax Relief Office for assistance: Phone: 703-222-8234 (TTY 711) Fax: 703-802-7595 Email: Taxrelief@fairfaxcounty.gov Hours: Monday, Wednesday, & Friday, 9 a.m.- 3:00 p.m.
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