

County of Fairfax Property Tax Exemption Transfer Form

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|--|-------------------------------------|---|-----------------|-----------------|
| I am currently receiving exempti | on as a (check one): | | | |
| Disabled Veteran | | | | |
| ☐ Surviving Spouse of a Disabled Veteran | | | | |
| ☐ Surviving Spouse of a member of the U.S. Armed Forces Killed in Action | | | | |
| ☐ Surviving Spouse of a First Responder Killed in the Line of Duty | | | | |
| □ None of the above (This form does not apply to you.) | | | | |
| REAL ESTATE TAX EXEMPTION | | | | |
| Name: | | Social Security Number | | |
| Property address of your pervious | | | Move/Sold Date: | |
| Phone # | Email: | | | |
| Property address of your new 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. | | | | |
| 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 N | umber (VIN) | | Title Number |
| | | | | |
| New Vehicle for Reduced Tax Rate: | | | | |
| Year Make | Vehicle Identification Number (VIN) | | | Title Number |
| The date in which the new vehicle became the veteran's regularly used vehicle. Date: | | | | |
| 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 applications 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 – Friday, 8 a.m. – 4:30 p.m. | | |