



# COUNTY OF PRINCE WILLIAM

# 2025

Real Estate Assessments Office (703) 792-6780  
 4379 Ridgewood Center Drive, #203. Prince William, VA 22192  
[www.pwcva.gov/department/finance](http://www.pwcva.gov/department/finance) | email: [realestate@pwcgov.org](mailto:realestate@pwcgov.org) | fax (703) 792-4025

## REAL ESTATE TAX RELIEF FOR A SURVIVING SPOUSE OF A DISABLED VETERAN, OR A SURVIVING SPOUSE OF A MEMBER OF THE ARMED FORCES KILLED IN ACTION, OR A SURVIVING SPOUSE OF CERTAIN PERSONS KILLED IN THE LINE OF DUTY

### Applicant:

Name:  
 Mailing address:  
 City, State, Zip:  
 SSN:  
 Phone number:  
 eMail Address:

I certify that I have not remarried and this residence has been occupied as, and is currently, my principal place of residence since

Applicant's  
signature

Date

Do you own another home?      Yes      No      If "Yes", please provide its full address below:

Applicant's  
signature

Date

### PLEASE SUBMIT THE FOLLOWING:

- A COPY OF YOUR 2024 VIRGINIA STATE INCOME TAX RETURN
- A COPY OF YOUR 2024 FEDERAL FORM 1040 INCLUDING ALL SCHEDULES
- *For Surviving spouses of disabled veterans:*
  1. Documentation from the U.S. Department of Veterans Affairs stating that the veteran had a service-connected disability, which was 100% (or compensated at the 100% rate), permanent and total.
  2. A copy of the veteran's death certificate.
- *For Surviving spouses of members killed in action:*
  1. Documentation from the U.S. Department of Defense verifying the spouse was a member of the Armed Forces killed in action.
- *For Surviving spouses of persons killed in the line of duty:*
  1. Documentation from the Virginia Retirement System or from the State Comptroller for the Virginia Department of Accounts stating that you are the spouse and the beneficiary of death-in-service benefits of an eligible person killed in the line of duty.
  2. A document stating the date of death of your spouse.

*** OFFICE USE ONLY ***	
RPC #	DATE OF PURCHASE:
LOT SIZE (Ac.):	NQA (\$):
VA DISABILITY DATE:	DATE OF DEATH:
DOCUMENTATION REVIEWED BY:	% OWNED BY APPLICANT AND SPOUSE:
ID CHECK <input type="checkbox"/> BY:	DATE:
RE APPROVED	DATE: BY: