



COUNTY OF PRINCE WILLIAM

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

2026

Applicant:

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

Co-Owner:

Name:
Relationship:
SSN:

! Qualifying applicants must recertify annually.

Real Estate Tax Relief may be granted on a home you own and occupy, and up to one acre of land it occupies.

I certify this home has been occupied as, and is currently, my principal place of residence since



Applicant's signature

Date

Do you own any other home(s)? Yes No If "Yes", please provide the full address(es):

I certify I do not receive real estate tax relief on any other property



Applicant's signature

Date

Personal Property Tax Relief may be granted on one automobile or pickup truck owned by a qualifying veteran or their spouse and used primarily by or for the qualifying veteran.

Make and Model

Title Number

I certify this vehicle is used primarily by or for me



Applicant's Signature

Date



FIRST-TIME APPLICANTS MUST COME TO OUR OFFICE AND SHOW A GOVERNMENT-ISSUED PICTURE ID



PLEASE SUBMIT THE FOLLOWING DOCUMENTATION:

1. DOCUMENTATION FROM THE U.S. DEPARTMENT OF VETERAN AFFAIRS (VA) STATING THE FOLLOWING:

- Your disability is service-connected, 100% (or compensated at the 100% rate), permanent, and total.
- The date the VA determined your disability was service-connected, 100% (or compensated at the 100% rate), permanent, and total.

THIS INFORMATION CAN BE FOUND IN YOUR VA SUMMARY OF BENEFITS FROM WWW.EBENEFITS.VA.GOV

2. A COPY OF YOUR 2025 VIRGINIA STATE INCOME TAX RETURN

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