

OFFICE USE ONLY			
Tax Year	Pin #	Acct #	

## DISABLED VETERAN REAL ESTATE TAX EXEMPTION APPLICATION

Name of Veteran: (Last, First, Middle Initial)		Social Security Number	
Name of Spouse (Last, First, Middle Initial)		Social Security Number	
Address of Primary Residence to be Exempted from Local Real Estate Tax			Zip Code
Mailing Address (if different from primary residence address)			
Home Phone		Alternative Phone	
Are you and your spouse joint-owners on the above addressed primary residence?		YES	NO
Are you and/or your spouse occupying the above addressed primary residence?		YES	NO
If the veteran is deceased, has the above named spouse remarried?		YES	NO

### AFFIDAVIT

**Veterans:** I hereby certify that the above stated physical address is occupied as my primary place of residence and I that have presented to this office the original, designated U.S. Department of Veterans Affairs letter issued to me attesting that I am 100% service-connected, permanent and totally disabled. I understand I must reapply for exemption if my principal place of residence changes.

**Spouse of Veteran:** I hereby certify that I am the surviving spouse of the above named qualified veteran; I have presented to this office a certified copy of the veteran's death certificate confirming a date of death subsequent to December 31, 2009, a certified documentation of marriage to the above qualified veteran, that I continue to occupy the exempted property as my primary and principal residence, and, as the surviving spouse of the eligible veteran, I have not remarried.

Signature:	Date