

APPLICATION FOR DISABLED VETERAN PROPERTY TAX EXEMPTIONS
SDCL 10-4-40 & 10-4-41
APPLICATION DUE ON OR BEFORE NOVEMBER 1

Complete and return this application to your local county assessor's office.

All applicants must provide proof of their eligibility for this exemption. Such proof can be obtained by calling the Sioux Falls VA Regional Office at 1-800-827-1000 and asking them to send you a statement verifying that you are permanently and totally disabled from service-connected disability(s).

LAST NAME	FIRST NAME	MIDDLE INITIAL	
MAILING ADDRESS	CITY	STATE	ZIP CODE
COUNTY	PHONE NUMBER	BIRTH DATE (MM/DD/YYYY)	
EMAIL ADDRESS		PARCEL NUMBER	
Legal description of property for which exemption is requested:			

ELIGIBILITY

- A. Are you a veteran who is rated as permanently and totally disabled from a service-connected disability? () YES () NO
- OR**
- B. Are you the surviving spouse of a veteran who was rated as permanently and totally disabled from a service-connected disability? () YES () NO
- C. Is the above described property classified in the county director of equalization office as owner-occupied? () YES () NO

I have examined this claim and it is correct to the best of my knowledge.

APPLICANT'S SIGNATURE			DATE
PREPARER'S SIGNATURE			PHONE NUMBER
ADDRESS	CITY	STATE	ZIP CODE

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION – REPORT OF INVESTIGATION

I have investigated the statements made in this application as to the eligibility of the applicant as of November 1, 20____. Based on the investigation it is my recommendation that the amount of value of this property to be exempt is \$_____ effective November first, following action by the county board of equalization.

DIRECTOR OF EQUALIZATION'S OFFICE SIGNATURE	DATE
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