APPLICATION FOR DISABLED VETERAN PROPERTY TAX EXEMPTIONS

APPLICATIONS DUE TO YOUR LOCAL DIRECTOR OF EQUALIZATION ON OR BEFORE **NOVEMBER 1**
SDCL 10-4-40 & 10-4-41

APPLICANT INFORMATION

LAST NAME	FIRST NAME	EMAIL ADDRESS	
MAILING ADDRESS	CITY	STATE	ZIP CODE
COUNTY	PHONE NUMBER	PARCEL NUMBER	
Legal description of property for which exemption is requested.			

APPLICANT ELIGIBILITY

A. Are you a veteran who is rated as permanently and totally disabled from a service-connected disability? **OR**	( ) YES ( ) NO
B. Are you the un-remarried surviving spouse of a veteran who was rated as permanently and totally disabled from a service-connected disability? **OR**	( ) YES ( ) NO
C. Are you the un-remarried surviving spouse receiving dependency & indemnity compensation because of the veteran's service-connected death?	( ) YES ( ) NO
D. 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	PREPARER'S PHONE NUMBER

PREPARER'S ADDRESS	CITY	STATE	ZIP CODE

DIRECTOR OF EQUALIZATION OFFICE USE – 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 OFFICE SIGNATURE	DATE