

APPLICATION FOR DISABLED VETERAN PROPERTY TAX EXEMPTIONSAPPLICATION DUE 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
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