

2019 APPLICATION FOR 100% SERVICE-CONNECTED DISABLED VETERANS PROPERTY TAX BENEFIT
COMPLETE ALL OF THE FOLLOWING QUESTIONS. ATTACH SUPPORTING DOCUMENTS.

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| County: | Code Area: | Parcel Number: |
| Section A. Ownership Information (Name, address and ZIP code): | | Section B. Eligibility status as of January 1, 2019: |
| CLAIMANT SPOUSE | | <input type="checkbox"/> 100% service-connected disabled (SCD) Veteran (Attach a current letter from the U.S. Department of Veterans Affairs.) <input type="checkbox"/> Widow(er) (not remarried) of a 100% SCD Veteran who qualified: Full Name of Veteran: _____ Veteran's Date of Death: _____ (Please include Veteran's Social Security number and date of birth in Section A, line 2 under Spouse). |
| 2. Social Security Number | Social Security Number | 8. Did you rent any part of this property in 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. Birth Date (mm/dd/yyyy) | Birth Date (mm/dd/yyyy) | 9. If you used any part of this property for business or commercial use in 2018, list the percent used for business or commercial use. _____% |
| 4. Physical address of the property if different from the ownership information: _____ | | I certify that my Social Security number and birth date are correct. <input type="checkbox"/> I certify that I'm a citizen or legal permanent resident of the United States, or <input type="checkbox"/> I certify that I'm in the United States legally. <input type="checkbox"/> |
| 5. Did you occupy your home as your primary residence before April 15, 2019? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete. I grant permission to any government agency or contractor to confirm my status to the Idaho State Tax Commission. (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Claimant(s) (Please print) Date _____ Signature(s) and Relationship Telephone number |
| 6. Have you filed for a veterans benefit on a different primary residence between January 1, 2019, and now? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____ | | |
| 7. Are you filing for a 2019 Property Tax Reduction benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| FOR COUNTY USE ONLY | | |
| Attached Documents: <input type="checkbox"/> Current VA letter <input type="checkbox"/> Property Tax Reduction Application (if submitted) | New Claimants: <input type="checkbox"/> Deed/Title <input type="checkbox"/> Death Certificate (if applying as surviving spouse) | Check all that apply: <input type="checkbox"/> Single Family <input type="checkbox"/> Multi dwelling _____% <input type="checkbox"/> Multi use _____% <input type="checkbox"/> Sole Owner <input type="checkbox"/> Community Property <input type="checkbox"/> Partial Ownership ____% <input type="checkbox"/> Trust or Life Estate <input type="checkbox"/> LP, LLC or Corp. |
| Tax reduction not to exceed: \$1,320 | Date: | Overall claimant percentage of ownership/use _____%. I _____ certify that the _____ County Assessor or Deputy Assessor Veterans Property Tax benefit is only applied to the claimant's eligible portion of the net taxable value. |

FILE THIS APPLICATION WITH YOUR COUNTY ASSESSOR BY APRIL 15, 2019