2020 APPLICATION FOR PROPERTY TAX BENEFIT FOR VETERANS WITH 100% SERVICE-CONNECTED DISABILITY

Complete all of the following fields and attach support documents.

You must file this application with your county assessor by April 15, 2020.

County	Code area	Parcel number
Section A. 1. Ownership information (Name, address and ZIP Code) Claimant Spouse		Section B. Eligibility status as of January 1, 2020: ☐ Veteran with 100% service-connected disability (SCD) (Attach a current letter from the U.S. Department of Veterans Affairs.) ☐ Widow(er) (not remarried) of a qualifying veteran with a 100% SCD 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, under Spouse lines 2 and 3.)
2. Social Security number	Social Security number	9. Did you rent out any part of this property in 2019? ☐ Yes ☐ No
3. Date of birth (mm/dd/yyyy)	Date of birth (mm/dd/yyyy)	10. If applicable, list the percentage of this property you used for business or commercial use in 2019. _____%
4. Did you receive this benefit in 2019? ☐ Yes ☐ No		I certify that my Social Security number and birthdate are correct. ☐ I certify that I'm a citizen or legal permanent resident of the United States, or ☐ I certify that I'm in the United States legally. ☐
5. Physical address of the property if different from the ownership information: _____		
6. Did you occupy this property as your primary residence before April 15, 2020? ☐ Yes ☐ 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.**
7. Have you requested this benefit on a different primary residence between January 1, 2020 and now? ☐ Yes ☐ No Where?_____		**I grant permission to any government agency or contractor to confirm my status to the Idaho State Tax Commission.**
8. Are you filing for any other 2020 Property Tax Reduction benefits? ☐ Yes ☐ No		(Check one) ☐ Yes ☐ No
		Claimant(s) (please print) Date
		Signature(s) and relationship Telephone number

FOR COUNTY USE ONLY

Attached documents:	New Claimants:	Check all that apply:	
☐ Current VA letter ☐ Property Tax Reduction application (if submitted)	☐ Deed or title ☐ Veteran's death certificate (if applying as surviving spouse)	☐ Single family ☐ Multi dwelling _____% ☐ Multi use _____%	☐ Sole owner ☐ Community property ☐ Partial ownership____% ☐ Trust or life estate ☐ LP, LLC or corp.

Tax reduction not to exceed:	Date:	Overall claimant percentage of ownership/use_____%
$1,320		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.