

## 2025 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, 2025.

County	Code area	Parcel number
Section A. 1. Ownership information (Name, address and ZIP Code)		Section B. Eligibility status as of January 1, 2025:
Claimant	Spouse	<input type="checkbox"/> Veteran with 100% service-connected disability (SCD) (Attach a current letter from the U.S. Department of Veterans Affairs.) <input type="checkbox"/> 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 2024? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>
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 2024. _____%
4. Did you receive this benefit in 2024? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		I certify that my Social Security number and birthdate 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. Physical address of the property if different from the ownership information: _____		
6. Did you occupy this property as your primary residence before April 15, 2025? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		<b>Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete.</b>
7. Have you requested this benefit on a different primary residence between January 1, 2025 and now? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> Where? _____		<b>I grant permission to any government agency or contractor to confirm my status to the Idaho State Tax Commission.</b>
8. Are you filing for any other 2025 Property Tax Reduction benefits? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span>		(Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
		_____ Claimant(s) (please print) <span style="float: right;">Date</span>
		_____ Signature(s) and relationship <span style="float: right;">Telephone number</span>
<b>FOR COUNTY USE ONLY</b>		
Attached documents: <input type="checkbox"/> Current VA letter <input type="checkbox"/> Property Tax Reduction application (if submitted)	New Claimants: <input type="checkbox"/> Deed or title <input type="checkbox"/> Veteran's 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:  <b>\$1,500</b>	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.