PT 46C - APPLICATION FOR DISABLED VETERAN PROPERTY TAX EXEMPTIONS (SDCL 10-4-40)

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PERSONAL INFORMATION

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Last Name First Name Middle Initial

_____

Mailing Address County Telephone

_____(month)_____(day)___(year)_____

City State Zip Code Birth Date

Parcel Number _____

Legal description of property for which exemption is requested

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ELIGIBILITY

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A. Are you a veteran who is rated as permanently and totally disabled from a service connected disability? YES NO

B. Did you own and occupy your home during the entire 2007 calendar year? YES NO

All applicants must provide proof of their eligibility for this exemption. Such proof can be obtained by calling the Sioux Falls VA Regional Office at 1-800-827-1000 and asking them to send you a statement verifying that you are permanently and totally disabled from service connected disability(ies).

I have examined this claim and it is correct to the best of my knowledge.

_____ _____ _____

Claimant's signature Date Preparer's signature

_____

Address City

APPLICATION MUST BE MADE ON AN ANNUAL BASIS ON OR BEFORE NOVEMBER 1

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION - REPORT OF INVESTIGATION

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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.

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(Director of Equalization)

PT 46C (7/07) Original to Director of Equalization