

**APPLICATION FOR DISABLED VETERAN PROPERTY TAX EXEMPTIONS**  
APPLICATION 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? <b>OR</b>	( ) 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? <b>OR</b>	( ) 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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