

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

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
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		
		Claimant(s) (Please print) _____ Date _____ Signature(s) and Relationship _____ Telephone number _____
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 _____ 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