

**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
City	State	Zip Code	(month)____(day)____(year)____	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. Is the above described property classified in the county director of equalization office as owner-occupied? | 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 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.

_____ (Director of Equalization)