

**PT 46A - APPLICATION FOR PARAPLEGIC VETERAN  
PROPERTY TAX EXEMPTIONS (SDCL 10-4-24.9, 10-4-24.10)**

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**Personal Information**  
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Last Name	First Name	Social Security Number
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 paraplegic or an individual with the loss or loss of use of both lower extremities? | YES | NO |
| B. Is your home specifically designed as a wheel chair home?                                     | YES | NO |
| C. Did you own and occupy your home during the entire year of 2009?                              | YES | NO |
| D. Are you the un-remarried widow or widower of a qualified veteran?                             | YES | NO |

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**

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**VERIFICATION**

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TO BE COMPLETED BY MEDICAL DOCTOR

\_\_\_\_\_ I hereby certify that the above individual is a paraplegic.

\_\_\_\_\_ I hereby certify that the above individual has suffered the loss or loss of use of both lower extremities.

\_\_\_\_\_ MD

\_\_\_\_\_  
\_\_\_\_\_

Address

TO BE COMPLETED BY COUNTY VETERAN SERVICE OFFICER

REPRESENTATIVE

Check One:

\_\_\_\_\_ I certify that the above individual is a paraplegic veteran of the Armed Forces of the United States and the disability was service connected.

\_\_\_\_\_ I certify that the above individual is a veteran of the Armed Forces of the United States and disability was non-service connected.

OR

\_\_\_\_\_ I certify that the above individual is an un-remarried widow or widower of a qualified veteran

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Address

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TO BE COMPLETED BY DIRECTOR OF EQUALIZATION - REPORT OF INVESTIGATION

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I hereby report I have investigated the statements made in the foregoing application as to the ownership and use of the property as of November 1, 20\_\_\_\_. Based on the investigation it is my recommendation that this property be declared (EXEMPT), (TAXABLE) effective November first, following action by the county board of equalization.

\_\_\_\_\_  
(Director of Equalization)

PT 46A (11/09)

Original to Director of Equalization