SD EForm -1988 V6 Complete and use the button at the end to print for mailing. HELP

PT 46C - APPLICATION FOR DISABLED VETERAN PROPERTY TAX EXEMPTIONS (SDCL 10-4-40 & 10-4-41)

PERSONAL INFORMATION

Last Name First Name Middle Initial

Mailing Address County Telephone

City State Zip Code (month)___ (day)___ (year)___
Birth Date

Parcel Number _____ e-mail address _____

Legal description of property for which exemption is requested

ELIGIBILITY

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

OR

B. Are you the surviving spouse of a veteran who was rated as permanently and totally disabled from a service connected disability? ☐ YES ☐ NO

C. 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

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)

PRINT FOR MAILING CLEAR FORM