

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

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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) |
| Parcel Number | | Birth Date |
| e-mail address | | |

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

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

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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)

PT 46C (8/2010) Original to Director of Equalization