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

PERSONAL INFORM	IATION						
Last Name	First Nar	First Name			Middle Initial		
Mailing Address	County			Telephone			
				(month)	(day)	(year <u>)</u> _	
City	State	Zip Code	Э		Birth Date		
Parcel Number e-mail address							
Legal description of p	roperty for which ϵ	exemption is requ	uested				
ELIGIBILITY		========	=====				====
A. Are you a veteran who is rated as permanently and totally disabled from a service connected disability? OR							NO
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 percent calling the Sioux Falls verifying that you are	s VA Regional Offi	ce at 1-800-827-1	000 an	d asking th	nem to send	you a stat	
I have examined this	claim and it is corr	ect to the best o	f my kn	owledge.			
Claimant's signature		Date		Prepa	arer's signatu	re	
			ddress			City	
	PLICATION MUST MPLETED BY DIREC					ION	
I have investigated the sta Based on the investigation	atements made in this	application as to the amour	e eligibilit of value	====== ty of the app e of this prop	licant as of Nov	======= ember 1, 20	===== 0
PT 46C (2/2012)	(Director of Equalizat C (2/2012) Original to Director of Equali						