

# State Tax Commission Affidavit for Disabled Veterans Exemption

Issued under authority of Public Act 161 of 2013, MCL 211.7b. Filing is mandatory.

**Instructions:** This form is to be used to apply for an exemption of property taxes under MCL 211.7b, for real property used and owned as a homestead by a disabled veteran who was discharged from the armed forces of the United States under honorable conditions or his or her unremarried surviving spouse. The property owner, or his or her legal designee, must annually file the Affidavit with the supervisor or assessing officer any time after December 31 and before, or until the conclusion of, the December Board of Review.

| <b>OWNER INFORMATION</b> (Enter information for the disabled veteran or unremarried surviving spouse)   |   |                          |
|---|---|--------------------------|
| Owner's Name  |   | Owner's Telephone Number |
| Owner's Mailing Address   |   |                          |
| City  | State                                       | ZIP Code                 |
| <b>LEGAL DESIGNEE INFORMATION</b> (Complete if applicable)  |   |                          |
| Legal Designee Name   |   | Daytime Telephone Number |
| Mailing Address   |   |                          |
| City  | State                                       | ZIP Code                 |
| <b>HOMESTEAD PROPERTY INFORMATION</b> (Enter information for the property in which the exemption is being claimed)  |   |                          |
| City, Township or Village (Check the appropriate box and provide the name) <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village   |   |                          |
| County  | Name of the Local School District           |                          |
| Parcel Identification Number  | Date the Property was Acquired (MM/DD/YYYY) |                          |
| Homestead Property Address  |   |                          |
| City  | State                                       | ZIP Code                 |
| <b>ACKNOWLEDGEMENT</b> (Check all boxes that apply)   |   |                          |
| <input type="checkbox"/> I am a disabled veteran, or the legal designee of the disabled veteran, who was discharged under honorable conditions from the armed forces of the United States of America with a service connected disability.   |   |                          |
| <input type="checkbox"/> I am the unremarried surviving spouse, or the legal designee of the unremarried surviving spouse, of a disabled veteran who was discharged under honorable conditions from the armed forces of the United States of America with a service connected disability.   |   |                          |
| <input type="checkbox"/> I am a Michigan resident.  |   |                          |
| <input type="checkbox"/> I own the property in which the exemption is being claimed and it is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.   |   |                          |
| <b>AFFIRMATION OF ELIGIBILITY</b> (Check the appropriate box and provide a copy of the required documentation)  |   |                          |
| <input type="checkbox"/> The disabled veteran has been determined by the United States Department of Veterans Affairs to be permanently and totally disabled as a result of military service and entitled to veterans' benefits at the 100% rate (must attach a copy of the letter from the U.S. Department of Veterans Affairs). |   |                          |
| <input type="checkbox"/> The disabled veteran is receiving or has received pecuniary assistance due to disability for specially adapted housing (must attach a copy of the certificate from the U.S. Department of Veterans Affairs).   |   |                          |
| <input type="checkbox"/> The veteran has been rated by the United States Department of Veterans Affairs as individually unemployable (must attach a copy of the letter from the U.S. Department of Veterans Affairs).   |   |                          |
| <b>CERTIFICATION</b>  |   |                          |
| <i>I hereby certify to the best of my knowledge that the information provided in this Affidavit is true and I am eligible to receive the disabled veteran's exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7b.</i>  |   |                          |
| Printed Name of Owner or Legal Designee   |   | Title of Signatory       |
| Signature of Owner or Legal Designee  |   | Date                     |

DESIGNEE MUST ATTACH LETTER OF AUTHORITY