



Disabled American Veteran Application
(15-6-211, MCA)

_____ County

This form, including all supporting documentation, must be returned to your local DOR office before April 15th or no exemption or reduction can be allowed. The exemption or reduction applies to the land up to five acres in size, the veteran's residence, and one attached or detached garage. Additional buildings do not receive the reduction or exemption. You will receive a follow up letter that will indicate if your application has been approved or denied.

Name: _____
Mailing Address: _____
City, State Zip: _____

Geocode:
School District:
Assessment Code:

Affidavit of DAV

I affirm that I have been honorably discharged from active service in the armed forces, currently rated 100% disabled or compensated at the 100% disabled rate due to a service-connected disability. I own and occupy the property on which I am applying and my adjusted gross income is not more than \$45,846 if single or \$52,899 if married. If your disability rating is permanent, a letter of eligibility need only be submitted once.

Single – Adjusted Gross Income \$ _____ Married – Adjusted Gross Income \$ _____

A copy of your 2008 federal or state income tax return must be included with this application. If you are not required to file a federal income tax return, please state the reason: _____.

Under penalty of law, I affirm that the information provided in this form is true and correct.

Signature _____ SSN _____
Phone _____ Date _____

Affidavit of Surviving Spouse of DAV

I affirm that I am the surviving spouse of a veteran who was 100% service-connected disabled or compensated at the 100% disabled rate at the time of death, died while on active duty, or died as a result of a service connected disability. I have remained unmarried, own and occupy this property and have an adjusted gross income, as reported on the latest federal income tax return, of not more than \$39,968.

Adjusted Gross Income \$ _____

A copy of your 2008 federal or state income tax return must be included with this application. If you are not required to file a federal income tax return, please state the reason: _____.

Under penalty of law, I affirm that the information provided in this form is true and correct.

Signature _____ SSN _____
Phone _____ Date _____

Department Use Only

Current Letter of Disability Verification of Income Granted
 Yes No Yes No Yes No

Single	Married	Surviving Spouse	%	Class Codes
\$ 0 - \$ 35,266	\$ 0 - \$ 42,319	\$ 0 - \$ 29,388	00	2140 3145 6245
\$ 35,267 - \$ 38,793	\$ 42,320 - \$ 45,846	\$ 29,389 - \$ 32,915	20	2141 3146 6246
\$ 38,794 - \$ 42,319	\$ 45,847 - \$ 49,372	\$ 32,916 - \$ 36,442	30	2142 3147 6247
\$ 42,320 - \$ 45,846	\$ 49,373 - \$ 52,899	\$ 36,443 - \$ 39,968	50	2143 3148 6248