



Disabled American Veteran Application

15-6-211, MCA

_____ County

Your are required to return this form and all supporting documentation to your local DOR office on or before April 15 or we cannot allow an exemption or reduction. 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.

- For Office Use Only -

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, am currently rated 100% disabled or compensated at the 100% disabled rate due to a service-related disability. I own and occupy the property for which I am applying and my federal adjusted gross income is not more than \$45,846 if single or \$52,899 if married or filing as the head of a household. Single Married or Head of Household

Federal Adjusted Gross Income \$ _____

A copy of your 2008 federal income tax return must be included with this application. If you are not required to file a federal income tax return, you need to determine and provide evidence of what your federal adjusted gross income would have been had you been required to file.

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

Signature _____ Social Security Number _____

Phone _____ Date _____

Note: If your disability rating is permanent, a letter of eligibility need only be submitted once.

Affidavit of Surviving Spouse of DAV

I affirm that I am the surviving spouse of a veteran who was 100% service-related 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-related disability. I have remained unmarried, own and occupy the property for which I am applying and my federal adjusted gross income as reported on my federal income tax return is not more than \$39,968.

Federal Adjusted Gross Income \$ _____

A copy of your 2008 federal income tax return must be included with this application. If you are not required to file a federal income tax return you need to determine and provide evidence of what your federal adjusted gross income would have been had you been required to file.

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

Signature _____ Social Security Number _____

Phone _____ Date _____

Department Use Only	Current Letter of Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Verification of Income <input type="checkbox"/> Yes <input type="checkbox"/> No	Granted <input type="checkbox"/> Yes <input type="checkbox"/> No
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	Single	Married or Head of Household	Surviving Spouse	%	Class Codes				
					Land	Imp	Mob		
\$ 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