

AFFIDAVIT OF BLIND PERSON
FOR PROPERTY TAX EXEMPTION
 PURSUANT TO NEVADA REVISED STATUTE 361.085

Name: _____	For Assessor Use Only: System#: _____
Date Received: _____	Received by: _____

I, the undersigned, hereby affirm that I am a bona fide resident of the State of Nevada (six months minimum or possess a valid Nevada Driver's License or Identification Card), and I meet all requirements for the exemption for blindness, and that I have not claimed this exemption in any other county in the State of Nevada.

A certificate is required from a licensed physician stating that they have examined the claimant and have found him or her to be a blind person. To be considered legally blind, the claimant's visual acuity with correcting lenses cannot exceed 20/200 in the better eye, or whose vision in the better eye is restricted to a field which subtends an angle of not greater than 20 degrees.

I wish to apply my 2014/2015 fiscal year exemption of 3,750 in assessed value to:

Assessed Value has been adjusted according to C.P.I. per NRS 361.085

Real Property for Assessor Parcel Number (APN): _____
To apply your exemption to your real property tax bill, you must return the affidavit by June 15th prior to the start of the fiscal year. Each fiscal year runs from July 1 to June 30. CC: RP

DMV/Governmental Services Tax (*when registering a vehicle you own*)

Manufactured/Mobile Home, Aircraft or Business Personal Property for personal property identification
 number: _____

Documentation required for this exemption includes a photocopy of your Nevada Driver's License or Identification card and a photocopy of a certificate from a licensed physician. (The certificate must state the claimant meets the qualifications to be considered legally blind under NRS 361.085)

Note: This document must be signed before a Notary Public or a staff member of the Assessor Office
A person who files a false affidavit or produces false proof to the County Assessor and obtains an exemption is guilty of a gross misdemeanor.

Print Full Name: _____

Date: _____

Mailing Address: _____

Phone: _____

City, State and Zip: _____

Signature: _____

Name of
Diagnosing
Physician: _____

STATE OF NEVADA
 COUNTY OF _____

On this _____ day of _____, _____ personally appeared before me, a Notary Public _____ personally known or proven to me to be the person whose name is subscribed to the above instrument who acknowledged that he executed the instrument. WITNESS my hand and official seal.

_____, Notary Public

Return this affidavit with required documentation to:
 Michael E. Clark, Washoe County Assessor, Public Service Counter, PO Box 11130, Reno, NV 89520-0027