

**AFFIDAVIT OF DISABLED VETERAN
FOR PROPERTY TAX EXEMPTION
PURSUANT TO NEVADA REVISED STATUTE 361.091**

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

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 as a disabled veteran, and that I have not claimed this exemption in any other county in the State of Nevada.

A person with a permanent service-connected disability of 60% or greater is entitled to an exemption as follows for the 2014/2015 fiscal year:

- 100% permanent service-connected disability **25,000** assessed value
- 80% to 99% permanent service-connected disability **18,750** assessed value
- 60% to 79% permanent service-connected disability **12,500** assessed value

A person with a permanent service-connected disability of 59% or less does not qualify for an exemption under this statute but may qualify for a veteran exemption under NRS 361.090.

Any person who qualifies for a disabled veteran exemption is not entitled to a veteran exemption under NRS 361.090

I wish to apply my exemption to:

*Assessed Values listed above have been adjusted according to C.P.I. per NRS 361.091
(If choosing more than one, please split the amount for each, not to exceed the total assessed value)*

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

I wish to donate _____% of my exemption to the Gift Account for Veteran's Homes. I understand that this donation will reduce the exemption amount applied to my real property by the percentage indicated above.

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

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

Documents required for this exemption include a photocopy of your Nevada Driver's License or Identification card, a photocopy of your discharge document (i.e. DD214) indicating **honorable** discharge, and a certificate from the Department of Veterans Affairs, or any other military document, which shows that the person incurred a permanent service-connected disability and the total percentage of that disability.

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 Zip: _____

Name of Spouse: _____

Signature: _____

Percent Disabled: _____

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