

# AFFIDAVIT FOR EXEMPTION OF PROPERTY TAXES FOR DISABLED VETERANS

I, \_\_\_\_\_, am a qualifying disabled veteran who was honorably discharged from the armed forces of the United States with a service connected disability and am requesting exemption from property taxes on the real property owned by me and used as my homestead.

**OR**

I, \_\_\_\_\_, am the unremarried surviving spouse of a qualifying disabled veteran who was honorably discharged from the armed forces of the United States with a service connected disability and am requesting exemption from property taxes on the real property owned by me and used as my homestead.

Address of Property: \_\_\_\_\_

Parcel Identification#: \_\_\_\_\_

I am a disabled veteran and resident of the State of Michigan and I meet at least 1 of the following qualifications:

**OR**

I am the unremarried surviving spouse of a disabled veteran and resident of the State of Michigan and my deceased spouse met at least 1 of the following qualifications:

Have been determined to be permanently and totally disabled as a result of military service and entitled to veterans' benefits at the 100% rate by the US Department of Veterans Affairs.

**OR**

Have a certificate from the US Veterans Administration certifying that I am receiving or have received pecuniary to disability for specially adapted housing.

**OR**

Have been rated by the US Department of Veterans Affairs as individually unemployable.

I have attached all required documents including the Department of Veterans Affairs summary of benefits letter.

This statement is a true fact to the best of my knowledge.

\_\_\_\_\_  
Signature of veteran or spouse of veteran completing form

\_\_\_\_\_  
Date

State of Michigan  
County of \_\_\_\_\_

On this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same.

Given under my hand and seal of office, this is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Notary Public, \_\_\_\_\_, County.

Acting in \_\_\_\_\_ County. My commission expires \_\_\_\_\_.