

DISABLED VETERANS' REAL ESTATE TAX EXEMPTION PROGRAM

APPLICATION FOR EXEMPTION FROM REAL PROPERTY TAXES

Every blank must have an entry or the application will be returned. No determination can be made until all required information is provided.

Important Facts to Remember when Applying:

- Type or print clearly all requested information
- The affidavit at the end of the application must be sworn to in front of a notary public or a jurat stamp holder, and must be processed through your local County Director of Veterans' Affairs
- Application must be date stamped by your County Tax Assessor's Office

Documents Required:

- Military Discharge (DD Form 214)
- Marriage Certificate (spouse applicant only)
- Veteran's Death Certificate (spouse applicant only)

Income Verification Documentation Required:

- 1040 Federal Income Tax Return (most recent)
- Employment Income (most recent W-2)
- Social Security Benefit Statement (Form SSA-1099)
- Interest Income (Form 1099-INT)
- Dividend Income (Form 1099-DIV)
- Distribution from Pensions, Annuities, Retirement, or Profit Sharing Plans, IRA's, Insurance Contracts, etc. (Form 1099-R)

Expense Documentation Required

- Supporting Documentation of Expenses (based on income level)

Privacy Act Statement. Authority: 51 Pa.C.S. Chapter 89. Principal Purpose: This application form is the primary sources of information to determine eligibility for the Real Property Tax Exemption Program for certain disabled veterans and their unmarried surviving spouses. Routine Use: The information you provide will be used to review and determine your eligibility for exemption for real property taxes under Article 8, Section 2(c) of the Pennsylvania Constitution and 51 Pa.C.S. Ch. 89. The information may be provided to federal, state and local agencies, including your local taxing authorities, in connection with review of your application. Voluntary Disclosure: Disclosure of information on these forms, including the Social Security Number of applicant is voluntary. However, failure to provide your Social Security Number may result in a delay in the review of your application or an inability for the Department of Military and Veterans Affairs will to obtain verification information.

Instructions for Completing the Application

General Information:

- **If you are a veteran check the block for “veteran”**
- **If you are a surviving spouse of a qualified veteran, who has not remarried, check the block “spouse”**

Section A: Veteran - Complete all information in this section

Section B: Spouse – Complete all information in this section

Section C: Veteran’s Disability Rating and Exemptions – Check all blocks that apply

Section D: Dependent Members of Your Immediate Family Residing in the Household - List the names of all dependents, spouse on the first line, their relationship to the veteran, and their dates of birth. Children may be counted as dependents only until they are 18 years old unless they are in school on a full-time basis and under the age of 24, or they are unable to care for themselves.

Section E: Property Information - Check appropriate block

Section F: Income - List annual amounts of household income. Include the income of the veteran and the spouse, unless the spouse lives apart and is not a joint owner of the property. Yearly interest and/or dividend income earned from savings accounts, stocks, bonds, annuities, trust funds or other securities. Do not include interest or dividends from an IRA. Submit verification of income.

Income defined from Title 43 § 5.22 as follows: wages, bonuses, commissions, income from self-employment, support money, cash public assistance and relief; the gross amount of pensions or annuities, including railroad retirement benefits; benefits received under the Social Security Act except Medicare benefits; benefits received under State unemployment insurance laws and veterans disability payments; interest received from the Federal or state government or an instrumentality or political subdivision thereof; realized capital gains; rentals; workmen's compensation and the gross amount of loss of time insurance benefits and proceeds except the first \$5,000 of the total of death benefit payments; and gifts of cash or property other than transfers by gift between members of a household in excess of a total of \$300. This term does not include surplus food or other relief in kind supplied by a governmental agency. Income from savings accounts and bonds shall be included as well as interest received from investments.

Section G: Monthly Expenses - If your annual income exceeds \$75,000, this section must be completed. The categories designated by an asterisk (*) on the application require documentation in the form of a copy of a bill, receipt, or invoice for expenses incurred within the last twelve months. Only one recent bill is necessary for those expenses that recur each month, i.e. mortgage and loan payments. Copies of checks, handwritten lists, and personal computer generated lists are not acceptable. Receipts and bills should be organized by category.

Section H: Affidavit - This section must be dated, signed, and sworn in front of a notary public or a jurat stamp holder (County Director of Veterans’ Affairs office).

E	1. Is the property you occupy titled in your name solely? YES <input type="checkbox"/> NO <input type="checkbox"/>
	2. Is the property titled jointly in the veteran and spouse's name? YES <input type="checkbox"/> NO <input type="checkbox"/>
	3. Is the property occupied by the applicant and spouse as principal dwelling? YES <input type="checkbox"/> NO <input type="checkbox"/>
	4. Do you own any other real estate that you do not occupy? YES <input type="checkbox"/> NO <input type="checkbox"/>
	If yes, provide monthly amount of rent you receive for this property \$ _____
	Address of rental property: _____

F	Annual Income	Veteran	Spouse
	V.A. Compensation		
	Social Security (excluding Medicare)		
	Net Employment Income		
	Civil Service Annuity		
	Retirement/Pension		
	Blind/Paralyzed Pension		
	Rent from Property		
	Gifts, Inheritance, and Death Benefits		
	Yearly Interest, Dividends & Capital Gains		
	Other Income		

PLEASE ATTACH SUPPORTING DOCUMENTATION OF INCOME

G	<p style="text-align: center;"><u>IF YOUR ANNUAL HOUSEHOLD INCOME IS \$75,000 OR LESS, DO NOT COMPLETE SECTION G</u></p> <p style="text-align: center; margin: 10px 0;">MONTHLY EXPENSES</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top; padding-right: 20px;"> <ul style="list-style-type: none"> *1. Mortgage Payment _____ (Indicate below costs included in mortgage payment) <input type="checkbox"/> Principal <input type="checkbox"/> Interest <input type="checkbox"/> Mortgage Ins. <input type="checkbox"/> Taxes 2. Real Estate Tax _____ *3. Loan Payments _____ *4. Car Payment _____ 5. Average Monthly Electric Power _____ 6. Average Monthly Home Heating Fuel _____ 7. Water _____ 8. Sewage _____ 9. Trash Removal _____ 10. Telephone _____ </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 11. Domestic Help _____ *12. Educational Costs _____ *13. Home Improvement(s) Over \$200 _____ *14. Major Purchases Over \$200 (includes car bought for cash) _____ *15. Medical Bills for Legal Dependents _____ *16. Car Repairs (over \$100 not covered by insurance) _____ *17. Lot Rental _____ *18. Miscellaneous Bills (Auto, Homeowner's, Health & Life Insurance Premiums; Cable TV, Internet Service and Major Credit Cards) _____ </td> </tr> </table> <p style="margin-top: 20px;">*PLEASE ATTACH SUPPORTING DOCUMENTATION IN THE FORM OF RECEIPTS OR BILLS</p>	<ul style="list-style-type: none"> *1. Mortgage Payment _____ (Indicate below costs included in mortgage payment) <input type="checkbox"/> Principal <input type="checkbox"/> Interest <input type="checkbox"/> Mortgage Ins. <input type="checkbox"/> Taxes 2. Real Estate Tax _____ *3. Loan Payments _____ *4. Car Payment _____ 5. Average Monthly Electric Power _____ 6. Average Monthly Home Heating Fuel _____ 7. Water _____ 8. Sewage _____ 9. Trash Removal _____ 10. Telephone _____ 	<ul style="list-style-type: none"> 11. Domestic Help _____ *12. Educational Costs _____ *13. Home Improvement(s) Over \$200 _____ *14. Major Purchases Over \$200 (includes car bought for cash) _____ *15. Medical Bills for Legal Dependents _____ *16. Car Repairs (over \$100 not covered by insurance) _____ *17. Lot Rental _____ *18. Miscellaneous Bills (Auto, Homeowner's, Health & Life Insurance Premiums; Cable TV, Internet Service and Major Credit Cards) _____
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H:

READ THIS NOTICE BEFORE SIGNING

By signing this application, the applicant certifies that the information provided is true and correct to the best of his knowledge, information and belief. The law provides severe penalties including fines and imprisonment for making false statements on official forms such as this application for Real Property Tax Exemption.

AFFIDAVIT

THIS AFFIDAVIT MUST BE SIGNED AND SWORN TO BY THE APPLICANT:

COMMONWEALTH OF PENNSYLVANIA :

COUNTY OF _____ : ss:

_____, being first duly sworn, deposes and says that he/she (or a person acting under his/her direction) has prepared this application for Real Property Tax Exemption, that he/she has carefully read this application, that the information contained in the application (both written and printed) are true and correct.

(WITNESS)

(SIGNATURE OF APPLICANT)

Subscribed and sworn before me this _____ day of _____, 20_____.

My Commission Expires _____
(DATE) (SIGNATURE OF NOTARY PUBLIC or JURAT STAMP HOLDER)

Processed By: _____
(SIGNATURE OF COUNTY VETERANS' AFFAIRS DIRECTOR)

