



**PT 46A - Application for Paraplegic Veteran
Property Tax Exemptions (SDCL 10-4-24.9 & 10-4-24.10)**

PERSONAL INFORMATION

Last Name _____	First Name _____	Social Security Number _____
Mailing Address _____	County _____	Telephone _____
City _____	State _____	Zip Code _____
Parcel Number _____		E-mail Address _____

Legal description of property for which exemption is requested

ELIGIBILITY

- | | | |
|---|-----|----|
| A. Are you a paraplegic or individual with the loss or loss of use of both lower extremities? | YES | NO |
| B. Is your home specifically designed as a wheel chair home? | YES | NO |
| C. Did you own and occupy your home during the entire year of 2021? | YES | NO |
| D. Are you the un-remarried widow or widower of a qualified veteran? | YES | NO |

I have examined this claim and it is correct to the best of my knowledge.

Claimant's Signature _____	Date _____	Preparer's Signature _____
		Address _____
		City _____

APPLICATION MUST BE MADE ON AN ANNUAL BASIS BY NOVEMBER 1ST



VERIFICATION

TO BE COMPLETED BY MEDICAL DOCTOR

_____ I hereby certify that the above individual is a paraplegic.

_____ I hereby certify that the above individual has suffered the loss or loss of use of both lower extremities.

_____ MD

Address

TO BE COMPLETED BY COUNTY VETERAN SERVICE OFFICER REPRESENTATIVE

Check One:

_____ I certify that the above individual is a paraplegic veteran of the Armed Forces of the United States and the disability was service connected.

_____ I certify that the above individual is a veteran of the Armed Forces of the United States and disability was non-service connected.

_____ I certify that the above individual is an un-remarried widow or widower of a qualified veteran

Address

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION - REPORT OF INVESTIGATION

I hereby report I have investigated the statements made in the foregoing application as to the ownership and use of the property as of November 1, 20____. Based on the investigation it is my recommendation that the property be declared (EXEMPT), (TAXABLE) effective November first, following action by the county board of equalization.

Director of Equalization
