



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	
				(Month)	(Day) (Year)
City	State	Zip Code	Birth Date		
Parcel Number		E-mail Address			
Legal description of property for which exemption is requested					

ELIGIBILITY

- | | | |
|--|-----|----|
| A. Are you a paraplegic veteran or veteran with the loss or loss of use of both lower extremities? | YES | NO |
| B. Is your home specifically designed as a wheelchair home? | YES | NO |
| C. Did you own and occupy your home during the entire year of 2025? | 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, State Zip
		Phone Number



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.

Medical Doctor Last Name, First Name

Address, City, State, Zip Code

Medical Doctor Signature

Date

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.

Veteran Service Officer Last Name, First Name

Address, City, State, Zip Code

Veteran Service Officer Signature

Date

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

Date