



PT 46C - Application for Disabled Veteran
Property Tax Exemptions (SDCL 10-4-40 & 10-4-41)

Applicant Information

Last Name _____ First Name _____ Middle Initial _____

Mailing Address _____ County _____ Telephone _____

City _____ State _____ Zip Code _____ (Month) _____ (Day) _____ (Year) _____
Birth Date _____

Parcel Number _____ E-mail Address _____

Legal description of property for which exemption is requested:

Eligibility

A. Are you a veteran who is rated as permanently and totally disabled from a service connected disability? YES NO

OR

B. Are you the un-remarried surviving spouse of a veteran who was rated as permanently and totally disabled from a service connected disability? YES NO

OR

C. Are you the un-remarried surviving spouse receiving dependency & indemnity compensation because of the veteran's service connected death? YES NO

D. Is the above-described property classified in the county director of equalization office as owner-occupied? YES NO

All applicants must provide proof of their eligibility for this exemption. Such proof can be obtained by calling the Sioux Falls VA Regional Office at 1-800-827-1000 and asking them to send you a statement verifying that you are permanently and totally disabled from service connected disability(ies).

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 or before November 1

To be completed by Director of Equalization - Report of Investigation

I have investigated the statements made in this application as to the eligibility of the applicant as of November 1, 20_____. Based on the investigation it is my recommendation that the amount of value of this property to be exempt is \$_____ effective November first, following action by the county board of equalization.

(Director of Equalization)