

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
			(Month)	(Day)_	(Year)
City	State	Zip Code		h Date	,
Parcel Number		E-mail Address			
Legal description of	f 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 OR					NO
B. Are you the un-remarried surviving spouse of a veteran who was rated as permanently and totally disabled from a service connected disability? VES OR					NO
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?					NO
Sioux Falls VA Reg	jional Office at	of their eligibility for this exemption 1-800-827-1000 and asking them rom service connected disability(ic	to send you a st		
I have examined th	is claim and i	t is correct to the best of my kn	owledge.		
Claimant's Signatu	re	Date	Preparer's Signature		
			Address		City
	Appli	cation must be made on or bef	ore November	1	
I have investigated the investigation it is my red	statements made commendation the	ted by Director of Equalization in this application as to the eligibility of the amount of value of this property bunty board of equalization.	of the applicant as	of November	1, 20 Based on the _effective
(Director of Equalization)					zation)