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 | (Month) _____ (Day) ___ (Year) _____ 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 wheel chair home? YES NO

C. Did you own and occupy your home during the entire year of 2022? 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

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.

_____
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 EQUALIZTION – 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 de declared (EXEMPT), (TAXABLE) effective November first, following action by the county board of equalization.

_____
Director of Equalization Date