

State Tax Commission Affidavit for Disabled Veterans Exemption

Issued under authority of Public Act 161 of 2013, MCL 211.7b. Filing is mandatory.

Instructions: This form is to be used to apply for an exemption of property taxes under MCL 211.7b, for real property used and owned as a homestead by a disabled veteran who was discharged from the armed forces of the United States under honorable conditions or his or her unremarried surviving spouse. The property owner, or his or her legal designee, must annually file the Affidavit with the supervisor or assessing officer any time after December 31 and before, or until the conclusion of, the December Board of Review.

OWNER INFORMATION (Enter information for the disabled veteran or unremarried surviving spouse)		
Owner's Name		Owner's Telephone Number
Owner's Mailing Address		
City	State	ZIP Code
LEGAL DESIGNEE INFORMATION (Complete if applicable)		
Legal Designee Name		Daytime Telephone Number
Mailing Address		
City	State	ZIP Code
HOMESTEAD PROPERTY INFORMATION (Enter information for the property in which the exemption is being claimed)		
City, Township or Village (Check the appropriate box and provide the name) <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village		
County	Name of the Local School District	
Parcel Identification Number	Date the Property was Acquired (MM/DD/YYYY)	
Homestead Property Address		
City	State	ZIP Code
ACKNOWLEDGEMENT (Check all boxes that apply)		
<input type="checkbox"/> I am a disabled veteran, or the legal designee of the disabled veteran, who was discharged under honorable conditions from the armed forces of the United States of America with a service connected disability.		
<input type="checkbox"/> I am the unremarried surviving spouse, or the legal designee of the unremarried surviving spouse, of a disabled veteran who was discharged under honorable conditions from the armed forces of the United States of America with a service connected disability.		
<input type="checkbox"/> I am a Michigan resident.		
<input type="checkbox"/> I own the property in which the exemption is being claimed and it is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.		
AFFIRMATION OF ELIGIBILITY (Check the appropriate box and provide a copy of the required documentation)		
<input type="checkbox"/> The disabled veteran has been determined by the United States Department of Veterans Affairs to be permanently and totally disabled as a result of military service and entitled to veterans' benefits at the 100% rate (must attach a copy of the letter from the U.S. Department of Veterans Affairs).		
<input type="checkbox"/> The disabled veteran is receiving or has received pecuniary assistance due to disability for specially adapted housing (must attach a copy of the certificate from the U.S. Department of Veterans Affairs).		
<input type="checkbox"/> The veteran has been rated by the United States Department of Veterans Affairs as individually unemployable (must attach a copy of the letter from the U.S. Department of Veterans Affairs).		
CERTIFICATION		
<i>I hereby certify to the best of my knowledge that the information provided in this Affidavit is true and I am eligible to receive the disabled veteran's exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7b.</i>		
Printed Name of Owner or Legal Designee		Title of Signatory
Signature of Owner or Legal Designee		Date

DESIGNEE MUST ATTACH LETTER OF AUTHORITY



DATE: _____

**REQUEST FOR CONSIDERATION BY ZEELAND BOARD OF REVIEW
OF DISABLED VETERANS EXEMPTION**

Please note that the Board meets only in March, July and December to consider these matters. All paperwork must be submitted prior to the Board's meeting in order to be put on their agenda. They may consider only this calendar year's exemptions.

Attach to this form a completed Disabled Veterans Exemption affidavit. You may also attach any documents which will assist the Board in determining your qualification for the exemption requested.

PLEASE CAREFULLY READ THE LIST OF DOCUMENTS REQUIRED TO PROVE YOUR ELIGIBILITY. TO RECEIVE THIS EXEMPTION FOR FUTURE YEARS, AN APPLICATION WILL BE REQUIRED IN EACH OF THOSE YEARS.

OWNER NAME: _____ CO-OWNER: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF DISABLED VETERAN: _____

PROPERTY'S PARCEL NUMBER: _____

PROPERTY'S ADDRESS: _____

YEAR FOR WHICH EXEMPTION IS REQUESTED: _____ (ONE YEAR PER FORM)

DATE OF PURCHASE: _____

DATE OF OCCUPANCY: _____

AT THIS ADDRESS, ARE... ...YOU REGISTERED TO VOTE? _____

...YOUR CARS LICENSED? _____

... YOUR CHILDREN ATTENDING SCHOOL? _____

... YOUR INCOME TAX RETURNS FILED? _____

DO YOU HAVE A PRINCIPAL RESIDENCE EXEMPTION FOR THIS PROPERTY? _____

SPECIFIC FACTS FOR THE BOARD TO CONSIDER:

IF I HAVE PURCHASED OR SOLD A HOME THIS YEAR, THE CLOSING PAPERS FOR BOTH TRANSACTIONS ARE ATTACHED.8

I CERTIFY THE ABOVE IS CORRECT AND TRUE: _____

Signature

City of Zeeland

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