## 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 (E	Enter information for the disabled vet	teran or unremarried su	rviving spouse)
Owner's Name			Owner's Telephone Number
Owner's Mailing Address			
City	State		ZIP Code
LEGAL DESIGNEE INFORMA	ATION (Complete if applicable)		
Legal Designee Name			Daytime Telephone Number
Mailing Address			
City	State		ZIP Code
HOMESTEAD PROPERTY	INFORMATION (Enter information	n for the property in wh	ich the exemption is being claimed)
City, Township or Village (Check th	ne appropriate box and provide the name	e) City	Township 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
H250.			15340 (SPHO) (SPHO)
ACKNOWLEDGEMENT (C	heck all boxes that apply)		
the United States of Americ	a with a service connected disability.		der honorable conditions from the armed forces of
	ving spouse, or the legal designee of the from the armed forces of the United Sta		pouse, of a disabled veteran who was discharged ice connected disability.
I am a Michigan resident.			
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 ELIGIB	ILITY (Check the appropriate box a	and provide a copy of th	e required documentation)
The disabled veteran has b of military service and entitle	een determined by the United States Depeted to veterans' benefits at the 100% rate (	partment of Veterans Affair (must attach a copy of the l	s to be permanently and totally disabled as a result etter from the U.S. Department of Veterans Affairs).
	eiving or has received pecuniary assista partment of Veterans Affairs).	nce due to disability for sp	ecially adapted housing (must attach a copy of the
The veteran has been rate from the U.S. Department of		eterans Affairs as individua	ally unemployable (must attach a copy of the letter
CERTIFICATION			
I hereby certify to the best of my exemption from property taxes pu	knowledge that the information provide rsuant to Michigan Compiled Law, Section	ed in this Affidavit is true a on 211.7b.	and I am eligible to receive the disabled veteran's
Printed Name of Owner or Legal Designee			Title of Signatory
Signature of Owner or Legal Designee			Date