

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 or an unremarried surviving spouse of a disabled veteran who, immediately before death, was eligible for the exemption under this section.

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	
Legal Designee Mailing Address	City	State	ZIP Code
HOMESTEAD PROPERTY INFORMATION (Enter information for the property in which the exemption is being claimed)			
Name of Local Unit (Check Township, City or Village)		County	
<input type="checkbox"/> City	<input type="checkbox"/> Township	<input type="checkbox"/> Village	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.			
<input type="checkbox"/> I am an unremarried surviving spouse of a disabled veteran who, immediately before death, was eligible for the exemption under this section.			
<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 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.			
Printed Name of Owner or Legal Designee		Title of Signatory	
Signature of Owner or Legal Designee (Designee must attach a letter of authority)		Date	
LOCAL GOVERNMENT USE ONLY (Do not write below this line)			
Did the Assessor Approve or Deny the Affidavit?		Year the Affidavit will be posted to the tax roll	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied (Attach a copy of the Local Unit Denial)		
Certification: I certify that, to the best of my knowledge, the information contained in this form is complete and accurate.			
Assessor's Signature		Date Certified by Assessor (MM/DD/YYYY)	