

**PT 46C - APPLICATION FOR DISABLED VETERAN  
PROPERTY TAX EXEMPTIONS (SDCL 10-4-40 & 10-4-41)**

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**PERSONAL INFORMATION**

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Last Name	First Name	Middle Initial
Mailing Address	County	Telephone
City	State	Zip Code
Parcel Number	e-mail address	

(month)\_\_\_\_(day)\_\_\_\_(year)\_\_\_\_

Birth Date

Legal description of property for which exemption is requested

\_\_\_\_\_

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**ELIGIBILITY**

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- A. Are you a veteran who is rated as permanently and totally disabled from a service connected disability? YES    NO

OR

- B. Are you the surviving spouse of a veteran who was rated as permanently and totally disabled from a service connected disability? YES    NO
  
- C. Is the above described property classified in the county director of equalization office as owner-occupied? YES    NO

**All applicants must provide proof of their eligibility for this exemption. Such proof can be obtained by calling the Sioux Falls VA Regional Office at 1-800-827-1000 and asking them to send you a statement verifying that you are permanently and totally disabled from service connected disability(ies).**

I have examined this claim and it is correct to the best of my knowledge.

Claimant's signature	Date	Preparer's signature
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Address City

**APPLICATION MUST BE MADE ON OR BEFORE NOVEMBER 1**

TO BE COMPLETED BY DIRECTOR OF EQUALIZATION - REPORT OF INVESTIGATION

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I have investigated the statements made in this application as to the eligibility of the applicant as of November 1, 20\_\_\_\_. Based on the investigation it is my recommendation that the amount of value of this property to be exempt is \$ \_\_\_\_\_ effective November first, following action by the county board of equalization.

\_\_\_\_\_(Director of Equalization)

PT 46C (12/2018) Original to Director of Equalization