AFFIDAVIT OF DISABLED VETERAN
FOR PROPERTY TAX EXEMPTION
PURSUANT TO NEVADA REVISED STATUTE 361.091

ID# _____
RCVD BY: _____
FY: _____

I, the undersigned, hereby affirm that I am a bona fide resident of the State of Nevada (possess a valid Nevada Driver's License or Identification Card), and I meet all requirements for the exemption as a disabled veteran, or spouse thereof, and that I have not claimed this exemption in any other county in the State of Nevada.

A person with a permanent service-connected disability of 60% or greater is entitled to an exemption.

A person with a permanent service-connected disability of 59% or less does not qualify for an exemption under this statute but may qualify as a veteran under NRS 361.090.

The surviving spouse qualifies for an exemption if they lived with and were married to the disabled veteran for the five years preceding the death and has not remarried.

Any person who qualifies for a disabled veteran exemption is not entitled to a veteran exemption under NRS 361.090.

I wish to apply my exemption of assessed value to: (Check Box Below)
(If choosing more than one, please split the amount for each, not to exceed the total of the exemption.)
To apply your exemption to your real property tax bill for July 1st, you must return the affidavit by June 15th, or for real property acquired between June 15th and July 1st, you must return the affidavit by July 5th.

Exempt Amount

☐ Real Property at the following location address or parcel number:_____ _____

☐ DMV/Governmental Services Tax (When registering vehicle you own) _____

☐ Manufactured Home or Personal Property at the following location address or ID#:_____ _____

☐ Donate my exemption to the Gift Account for Veteran's Homes:
You must pay your full tax amount and donate the exempted amount to the Gift Account for Veterans' Homes.

Please enclose a copy of your Nevada Driver's License or ID card and copies of discharge document (DD214) indicating honorable discharge, date of entry and discharge date, and a certificate from the Dept. Of Veterans Affairs, or any other military document, which shows that the person incurred a permanent service-connected disability and the total percentage of that disability. A surviving spouse should also provide a copy of the death certificate.

Note: This document must be signed before a Notary Public or a Deputy Assessor.
A person who files a false affidavit or proof and obtains an exemption is guilty of a gross misdemeanor.

Signature: _____ Date: _____

Print Full Name: _____ Branch of Service: _____

Mailing Address: _____ Serial Number: _____

_____ Entry Date: _____

Phone: _____ Discharge Date: _____

Name of Spouse: _____ Percent Disabled: _____

STATE OF NEVADA
COUNTY OF _____

On this ___day of _____, _____ personally appeared before me, a Notary Public _____personally known or proven to me the person whose name is subscribed to the above instrument who acknowledged that ___he executed the instrument. WITNESS my hand and official seal.

_____, Notary Public

Return this affidavit with required documentation to:
Briana Johnson, County Assessor, Customer Service Division, 500 S Grand Central Parkway 2nd Floor, Las Vegas, NV 89155-1403

Rev. 1-19