## Veteran with a Disability Property Tax Exemption Application

UCA §59-2-1903 and 1904 Form PT-030 Rev. 1/20

The deadline for filing this application with your county of residence is September 1

Section 1 – Claimant Information					
Claimant's last name	Claimant's first name		Middle initial	Birth date	Social Security Number
Spouse's last name (if spouse is living)	Spouse's first name		Middle initial	Birth date	Social Security Number
Address	City	County	State	ZIP Code	Daytime phone number
Enter the property tax serial or account number(	s) from your previous prop	l perty tax billing	notice		1
Section 2 – Additional Informa	ation				
	with a disability				of a veteran with a
		•		eased veter	an
·	lan. 1, 1921 🔛	On or after	Jan. 1, 192	11	
Percentage of disability:		<u>%</u>			
Primary Residence Value: _\$		(from v	aluation no	otice)	
Will you reside in this property on Sept Have you applied for a veteran's exem			Yes Yes	No No	
The first application made by a vet or by the unmarried surviving spou issued by a military entity, showing during any war, international confli- state.	use or minor orphan on the percentage of do ct, or military training	of that veteralisability incu	an shall be irred or agg ary service	accompanie gravated in t of the United	ed by a statement, he line of duty d States or this
<ul> <li>If the veteran is 100 percent disab section shows a lesser percentage exemption amount except that no</li> </ul>	e of disability, the exe	emption allov	ved is that	percentage	of the current year
★ The unmarried surviving spouse of duty is entitled to the total taxable property that is held exclusively for	value of the claimant	's primary re	esidence ar	nd the tangib	
♦ The county may ask for verification	n of residency.				
<ul> <li>Applicant must attach a copy of "C percentage of disability (with initial</li> </ul>	_	e" and state	ment issue	ed by a milita	ary entity showing
Section 3 – Certification and S	Signature				
Under penalties of perjury, I declare to			nderstandir	ng, that this	information is true,
correct, and complete. I further testify to Signature of claimant	hat I am a resident o	f		Coun	
organical or organization				Date	,
Signature of spouse				Date	)
Preparer's name, address, and telephone numb	er (if not claimant)				

Name of county official accepting the application	Date	
roperty information and value (see	e instructions below)	<u> </u>
	Personal Property*	Primary Residence
2. Taxable property value		\$
s. Value exempted	\$	\$
l. Original tax amount	\$	\$
5. Veteran exemption credit ————	\$	\$
6. Net tax due		\$
County official's approval		Date

<sup>1.</sup> Account or parcel number

## **Instructions for County Use**

- **Line 1** Enter the property account or parcel identification number.
- **Line 2** Enter the amount of taxable property value from the assessment roll.
- **Line 3** Enter the amount of value to be exempted.
- **NOTE:** If Claimant has received a veteran exemption for personal property owned in another county, the value exempted in the other county must be subtracted from claimant's total exemption amount.
- **Line 4** Enter original tax amount by multiplying line 2 by the applicable tax rate.
- **Line 5** Enter the amount of credit allowed by multiplying line 3 by the applicable tax rate.
- **Line 6** Calculate net tax due by subtracting line 5 from line 4.

County will provide claimant with an application receipt within 30 days

<sup>\*</sup>Personal Property that is held exclusively for personal use and is not used in a trade or business.