

Veterans Real Estate Tax Relief

Name of Applicant: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone #: () _____

Magisterial District: _____

Percentage of Disability: _____

*Please attach department of Veterans Affairs letter. To qualify, you must be determined 100% disabled or 100% unemployable by Veterans Affairs.

Signature of Applicant: _____

FOR OFFICE USE ONLY

TOTAL ASSESSMENT

TAX

+

HOUSE ASSESSED

=

VALUE OF 10 ACRES

EXEMPT ASSESSED

EXONERATED VALUE: _____ TAX \$: _____