

# 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: \_\_\_\_\_

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## FOR OFFICE USE ONLY

\_\_\_\_\_

TOTAL ASSESSMENT

\_\_\_\_\_

TAX

+

\_\_\_\_\_

HOUSE ASSESSED

=

\_\_\_\_\_

VALUE OF 10 ACRES

\_\_\_\_\_

EXEMPT ASSESSED

EXONERATED VALUE: \_\_\_\_\_ TAX \$: \_\_\_\_\_