

STATEMENTS

This claim is for:

- First time claimants for the Disabled Veterans' Exemption; or
- Annual claimants for the Low-Income Exemption. Separate claims are required for each fiscal year when filing the Low-Income Exemption.

If you received the Disabled Veterans' Exemption last year and are filing this form solely to claim the Low-Income Exemption, check here and proceed directly to item 4.

1. a. When did you acquire this property? _____
(month/day/year)

b. Date you occupied or intend to occupy this property as your principal residence: _____
(month/day/year)

c. Have you claimed the Disabled Veterans' Exemption on another residence? Yes No Date Moved/Sold/Transferred from the other residence _____

If **yes**, see Question 1d below.

d. What is the address of the home where you previously claimed the Disabled Veterans' Exemption, including the city and county where the home is located?

Address: _____

City: _____ County: _____

2. a. **Effective** date of 100% disability or unemployability rating from the USDVA*: _____

b. Date of notice from USDVA* of the 100% rating (must include proof of rating): _____
*United States Department of Veterans Affairs

3. The basis for this claim is *(please check the appropriate boxes)*:

a. Blind in both eyes (*blind* means having a visual acuity of 5/200 or less, or concentric contraction of the visual field to 5 degrees or less; proof is attached);

b. Disabled because of loss of use of 2 or more limbs (*loss of the use of a limb* means that the limb has been amputated, or its use has been lost by reason of ankylosis, progressive muscular dystrophies, or paralysis; proof is attached);

c. Totally disabled as a result of a service-connected injury or disease (*totally disabled* means that the United States Veterans Administration or the military service from which discharged has rated the disability at 100 percent or has rated the disability compensation at 100 percent by reason of being unable to secure or follow a substantially gainful occupation);

d. Unmarried surviving spouse of a deceased veteran who during their lifetime qualified for this exemption or who would have qualified for this exemption under the laws effective on January 1, 1977 (January 1, 1979, for disease) except that the veteran died prior to January 1, 1977 (January 1, 1979, for disease). Disability: blindness; loss of use of two or more limbs; total disability because of injury; or total disability because of disease (*check applicable box*; proof of disability, copy of marriage certificate, and copy of death certificate must be submitted to the Assessor).

My spouse died on: _____
(month/day/year)

e. Unmarried surviving spouse of a person who, as a result of service-connected injury or disease, died while on active duty in the military service or after being discharged in other than dishonorable conditions (copy of marriage certificate, proof that the cause of death was service-connected, dates of service, and copy of death certificate or report of casualty must be submitted to the Assessor).

My spouse died on: _____
(month/day/year)

4. To be completed **only** by claimants for the **Low-Income** Exemption:

Total annual household income for all persons in your household, including veterans' benefits (*see the instructions*) for prior calendar year was \$_____. If the amount entered does not exceed the indexed low-income limit for the year you are claiming, the Low-Income-Exemption shall apply. If you entered an amount greater than the limit, or you **do not enter an amount**, the Assessor will only allow the Basic Exemption. See attached schedule for income limits

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing and all information hereon, including any accompanying statements or documents, is true, correct and complete to the best of my knowledge and belief.

SIGNATURE OF PERSON MAKING CLAIM

DATE

TELEPHONE NO. (8 A.M. - 5 P.M.)

EMAIL ADDRESS

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