

**AFFIDAVIT FOR EXEMPTION OF PROPERTY TAXES FOR DISABLED VETERANS**

State of Michigan )  
Township of Rose )  
SS County of Oakland )

Pursuant to 2013 PA 161, MCL 211.7b

An Affidavit must be filed ANNUALLY between December 31<sup>st</sup> of the prior year and the close of the March Board of Review. This affidavit must be accompanied by written certification from the United States Veterans Administration.

I, \_\_\_\_\_, am a qualifying disabled veteran who was honorably discharged from the armed forces of the United States with a service connected disability and am requesting exemption from property taxes on the real property owned by me and used as my homestead.

**OR**

I, \_\_\_\_\_, am the un-remarried surviving spouse of a qualifying disabled veteran who was honorably discharged from the armed forces of the United States with a service connected disability and am requesting exemption from property taxes on the real property owned by me and used as my homestead.

Address of Property: \_\_\_\_\_

Parcel Identification #: \_\_\_\_\_

Has been determined to be permanently and totally disabled as a result of military service and entitled to veterans' benefits at the 100% rate by the US Department of Veterans Affairs

**OR**

Has a certificate from the US Veterans Administration certifying that I am receiving or have received pecuniary assistance due to disability for specially adapted housing

**OR**

Has been rated by the US Department of Veterans Affairs as individually unemployable

This statement is a true fact to the best of my knowledge.

\_\_\_\_\_  
Signature of veteran or spouse of veteran completing form

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number

On this day personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same. Given under my hand and seal of office, this is the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public, State of Michigan, Oakland County

Acting in Oakland County. My commission expires \_\_\_\_\_.