

CR-DVHE100

Market Value Exclusion on Homestead of Disabled Veterans with Total and Permanent Disability

Provides for market value exclusion for homesteads of disabled veterans

Applications are due by July 1. Read instructions before completing. Please note that there is a separate application for veterans who are 70 percent or more disabled (but are not totally and permanently disabled).

Type or Print

Check all that apply

Sign Here

First name and middle initial	Last name	Social Security number	
Spouse's first name and middle initial	Last name	Social Security number	
Address (cannot be a P.O. Box number)		Date of birth	
City	State	Zip Code	County
Property ID number (from property tax statement):			
Check one: Is this property your homestead?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
<p>Check all boxes that apply. You must have a U.S. Government Form DD214 or other official military discharge papers, and must be certified by the U.S. Veterans Administration as having a permanent service-connected disability of 100 percent.</p>			
Check if:			
<input type="checkbox"/> I have been certified by the United States Veterans Administration as having permanent and total service-connected disability.			
Check one:			
I have attached the appropriate documentation certifying that I have been honorably discharged and verifying my disability status.			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Sign below:			
<i>By signing below, I certify that the above information is true and correct to the best of my knowledge.</i>			
<p>Making false statements on this application is against the law Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison.</p>			
Signature of applicant	Signature of spouse	Date	Daytime phone

For office use only to be completed by the city assessor.

Name of applicant _____

Application is Approved Denied for assessment year _____

Assessor's Signature and Date _____

Please mail completed application and required attachments to your city assessor at City of Bloomington, Assessor's Office, 1800 W Old Shakopee Rd, Bloomington MN 55431