

APPLICATION FOR CERTIFICATE OF ELIGIBILITY FOR DISABLED VETERANS PROPERTY TAX EXEMPTION

INSTRUCTIONS

Print, use ink, typewriter, or printer to complete all items. Please read information on reverse side of form.

DO NOT COMPLETE THIS FORM IF YOU HAVE ALREADY APPLIED FOR AND RECEIVED AN ORIGINAL PROPERTY TAX WAIVER CERTIFICATE!

If your original certificate has been lost, stolen, or destroyed, please refer to DVS form entitled:
"Affidavit of Loss of Disabled Veterans' Property Tax Exemption Certificate"

1. Name of Applicant (Last, First, Middle) Veteran
Widow

2. Address (Number and Street, City, County, State, ZIP)

MILITARY SERVICE INFORMATION

3. Name of Veteran

4. Social Security Number

5. Service Number

6. VA Claim Number

7. Duty Dates

BRANCH OF SERVICE

DATE ENTERED

DATE SEPARATED

PLACE ENTERED

PLACE SEPARATED

8. DATE AWARDED 100% SERVICE CONNECTION

9. IF APPLICATION IS MADE BY UNREARRIED WIDOW GIVE DATES FOR THE FOLLOWING:
VETERAN BECAME A RESIDENT OF NEW MEXICO _____

DATE OF DEATH _____ PLACE OF DEATH _____

*****IMPORTANT*****

HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN LISTED ABOVE

YES NO

10.

I BECAME A RESIDENT OF NEW MEXICO ON _____

CERTIFICATION OF APPLICANT

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, FURTHER, I UNDERSTAND THAT IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES.

SIGNED

DATE

CERTIFICATION OF AUTHORIZED OFFICIAL

(FOR Department of Veterans Services ONLY)

I CERTIFY THAT EVIDENCE OF THE TRUTH OF THE FOREGOING STATEMENTS OF APPLICANT HAS BEEN PRESENTED TO ME AND THAT I AM SATISFIED THE STATEMENTS ARE TRUE. THIS EVIDENCE CONSISTS OF THE FOLLOWING INSTRUMENTS AND WRITINGS:

SIGNATURE