

SECTION III VETERAN AT LEAST AGE 62 WITH DISABILITY OF 10% OR MORE CREDIT

- A. Applicant served in the military or naval forces of the United States for at least ninety (90) days (*not necessarily during war time*).
- B. Applicant was honorably discharged.
- C. Applicant is at least age 62 with at least 10% disability.
- D. Applicant's disability is evidenced by:
 - Certificate of eligibility (Section VIII) from the Indiana Department of Veterans Affairs ("IDVA") after IDVA has determined that the individual's disability qualifies the individual to receive a deduction under IC 6-1.1-12-14;
 - Pension certificate from the U.S. Department of Veterans Affairs; or
 - Award of compensation from U.S. Department of Veterans Affairs
- E. Applicant is the surviving spouse of an individual who: (1) would have qualified for the credit under this section when he or she was alive; or (2) was killed in action, died while serving on active duty, or died while performing inactive duty training. (*Age of deceased veteran on date of death*)

SECTION IV SURVIVING SPOUSE OF A WORLD WAR I VETERAN

- A. Applicant is the surviving spouse of an individual who served in the military or naval forces of the United States before November 12, 1918.
- B. The service of the deceased spouse is evidence by:
 - Letter from the U.S. Department of Veterans Affairs; or
 - Honorable discharge documents
- C. The deceased spouse received an honorable discharge.

SECTION V DEDUCTION FOR HOMESTEAD DONATED TO VETERAN

- A. Applicant served in the military or naval forces of the United States for at least ninety (90) days.
- B. Applicant was honorably discharged.
- C. Applicant has a disability of at least 50%.
- D. Applicant's disability is evidenced by:
 - Pension certificate or an award of compensation issued by the U.S. Department of Veterans Affairs; or
 - A certificate of eligibility (Section VIII) issued to the individual by the Indiana Department of Veterans Affairs ("IDVA") after IDVA has determined that the individual's disability qualifies the individual to receive a deduction under IC 6-1.1-12-14.5
- E. Applicant's homestead was conveyed without charge to the applicant who is the owner of the homestead by an organization that is exempt from income taxation under the federal Internal Revenue Code.

The amount of the deduction is determined as follows:

1. If the applicant is totally disabled, the deduction is equal to 100% of the assessed value of the homestead.
2. If the applicant has a disability of at least 90% but is not totally disabled, the deduction is equal to 90% of the assessed value of the homestead.
3. If the applicant has a disability of at least 80% but less than 90%, the deduction is equal to 80% of the assessed value of the homestead.
4. If the applicant has a disability of at least 70% but less than 80%, the deduction is equal to 70% of the assessed value of the homestead.
5. If the applicant has a disability of at least 60% but less than 70%, the deduction is equal to 60% of the assessed value of the homestead.
6. If the applicant has a disability of at least 50% but less than 60%, the deduction is equal to 50% of the assessed value of the homestead.

A veteran who claims this deduction for an assessment date may not also claim the Totally Disabled Veteran Deduction under IC 6-1.1-12-14 for that same assessment date. Moreover, an unused portion of this deduction may NOT be applied to excise taxes.

SECTION VI ADDITIONAL INFORMATION

- A. Applicant owns the property on which the deduction or credit is claimed or is buying it under contract that provides that the applicant is to pay the property taxes, which contract, or a memorandum of the contract, is recorded in the County Recorder's office.
 Record Number _____ Page _____ (*Note that a person applying for a deduction under Section V must own the property.*)
- B. Applicant has applied or intends to apply for one or more of these credits on other property in this county or in another county.
 Yes No Amount \$ _____

County	Taxing District
Second County	Taxing District

SECTION VII APPLICATION VERIFICATION AND AUDITOR SIGNATURE

I certify that the information provided in this application is true and correct. The intentional inclusion of false information on this form is a criminal violation under IC 6-1.1-37-3 or -4.	I certify that this application was filed in my office.
	Date Filed (<i>month, day, year</i>)
	Signature of County Auditor
Signature of Applicant or Legal Representative	Name of County Auditor (<i>typed or written</i>)

SECTION VIII INDIANA DEPARTMENT OF VETERANS AFFAIRS CERTIFICATE OF ELIGIBILITY FOR IDVA VERIFICATION ONLY

Veteran's Military Service <input type="checkbox"/> More than ninety (90) days	Veteran's character of discharge <input type="checkbox"/> Honorable or Under Honorable Conditions
Veteran's type of service (check one) <input type="checkbox"/> Wartime service <input type="checkbox"/> Peacetime service	VA disability rating
Accredited IDVA staff or accredited Indiana County Veteran Service Officer signature	Veteran's date of birth (<i>month, day, year</i>) Date (<i>month, day, year</i>)