

2025 APPLICATION FOR PROPERTY TAX BENEFIT FOR VETERANS WITH 100% SERVICE-CONNECTED DISABILITY

Complete all of the following fields and attach support documents.

You must file this application with your county assessor by April 15, 2025.

County		Code area	Parcel number	
Section A. 1. Ownership information (Name, address and ZIP Code)			Section B. Eligibility status as of January 1, 2025:	
Claimant		Spouse		
2. Social Security number		Social Security number		9. Did you rent out any part of this property in 2024? <input type="checkbox"/> Yes <input type="checkbox"/> No
3. Date of birth (mm/dd/yyyy)		Date of birth (mm/dd/yyyy)		10. If applicable, list the percentage of this property you used for business or commercial use in 2024. _____%
4. Did you receive this benefit in 2024? <input type="checkbox"/> Yes <input type="checkbox"/> No		I certify that my Social Security number and birthdate are correct. <input type="checkbox"/>		
5. Physical address of the property if different from the ownership information: _____		I certify that I'm a citizen or legal permanent resident of the United States, or <input type="checkbox"/> I certify that I'm in the United States legally. <input type="checkbox"/>		
6. Did you occupy this property as your primary residence before April 15, 2025? <input type="checkbox"/> Yes <input type="checkbox"/> No		Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete.		
7. Have you requested this benefit on a different primary residence between January 1, 2025 and now? <input type="checkbox"/> Yes <input type="checkbox"/> No Where? _____		I grant permission to any government agency or contractor to confirm my status to the Idaho State Tax Commission.		
8. Are you filing for any other 2025 Property Tax Reduction benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No		(Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Claimant(s) (please print) _____ Date _____		
		Signature(s) and relationship _____ Telephone number _____		
FOR COUNTY USE ONLY				
Attached documents: <input type="checkbox"/> Current VA letter <input type="checkbox"/> Property Tax Reduction application (if submitted)		New Claimants: <input type="checkbox"/> Deed or title <input type="checkbox"/> Veteran's death certificate (if applying as surviving spouse)		Check all that apply: <input type="checkbox"/> Single family <input type="checkbox"/> Multi dwelling _____% <input type="checkbox"/> Multi use _____%
				<input type="checkbox"/> Sole owner <input type="checkbox"/> Community property <input type="checkbox"/> Partial ownership _____% <input type="checkbox"/> Trust or life estate <input type="checkbox"/> LP, LLC or corp.
Tax reduction not to exceed: \$1,500		Date: _____		Overall claimant percentage of ownership/use _____% I _____ certify that the County Assessor or Deputy Assessor Veterans Property Tax benefit is only applied to the claimant's eligible portion of the net taxable value.