

Tax Year _____

APPLICATION FOR HOMESTEAD EXEMPTION

\$20,000 Assessed Valuation

Application should be made with the Assessor no later than December 1

HOMESTEAD

DISABILITY

PERSONAL PROPERTY

FOR ASSESSOR'S USE ONLY

Tax District: _____

Map No: _____

Parcel No: _____

Land Book Name: _____

Personal Property Account No: _____

1. Owner's Name: _____
(Last) (First) (Middle Initial)

2. Joint Owner's Name, if applicable: _____
(Last) (First) (Middle Initial)

3. Street Address: _____
Property Location, if P.O. Box is given: _____

4. City: _____ 5. State: _____ 6. Zip Code: _____

7. Phone Number: Area Code (____) _____ 8. Owner's Date of Birth: _____

9. Joint Owner's Date of Birth: _____

CHECK THE FOLLOWING STATEMENTS AS APPLICABLE

(IF DISABILITY IS BASIS FOR CLAIM, COMPLETE CERTIFICATE OF DISABILITY BELOW)

10. I, or my spouse, use the property for which the exemption is sought exclusively as my primary place of residence.
_____ Yes _____ No

11. I have lived on this property for more than six consecutive months in the calendar year prior to the date of this application.
_____ Yes _____ No

12. I have been, or will be, a resident of West Virginia for the two calendar years previous to this tax year.
_____ Yes _____ No

If your answer is no, please list all dates of residency in West Virginia _____

13. I am retired or separated from active military service due to a permanent and total physical or mental disability.
_____ Yes _____ No

I swear or affirm the answers to the preceding questions are complete and accurate. I further certify that neither I nor my joint owner is receiving a residential property tax exemption in any other state.

Owner's Signature

Date

Owner's Signature

Date

CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

Are you gainfully employed? Yes _____ No _____

Name of Disabled Property Owner

I certify that I shall notify the Assessor within thirty (30) days of discontinuance of the receipt of benefits for permanent and total disability or that I am gainfully employed. I understand discontinuance of benefits or gainful employment will be considered a basis for disqualification for Homestead Exemption.

Claimant's Signature

Date

I certify that the above named individual did furnish one of the forms of documentation as listed in West Virginia Code § 11-6B-4, in support of this application for the Homestead Exemption.

Assessor or Deputy Assessor

Date