

**OTC
998**

Revised 9-2010

**State of Oklahoma
APPLICATION FOR 100% DISABLED VETERANS
REAL PROPERTY TAX EXEMPTION**

Tax Year

PART ONE

(TO BE COMPLETED BY APPLICANT)

APPLICANT

County: _____ Account Number: _____

Name: _____ Daytime Telephone: (____) _____

Property Address: _____

Mailing Address: _____

LEGAL DESCRIPTION:	School District
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PLEASE MARK THE APPROPRIATE BOX...

Are you a legal resident of Oklahoma?

Do you currently, or did you in the previous year, have homestead exemption in this State?

If so, list address _____, _____ City _____ County

PART TWO

(TO BE COMPLETED BY APPLICANT)

OWNERSHIP

PLEASE MARK THE APPROPRIATE BOX...

Did you own this property on or before January 1 of this year?

Were you occupying this property as your place of residence on January 1 of this year?

Will your deed or other evidence of ownership be of record with the County Clerk's Office on or before February 1 of this year?

NOTE:

The 100% disabled veterans cannot be approved if you do not own and occupy the homestead property as your place of residence on January 1 each year the exemption is applied, including the year of application. Your deed or other evidence of ownership must be recorded with the County Clerks Office no later than February 1 of the beginning year of the exemption.

PART THREE

(TO BE COMPLETED BY APPLICANT)

QUALIFICATION

PLEASE MARK THE APPROPRIATE BOX...

Is the applicant Head of Household?

Has the applicant been honorably discharged from the United States Armed Services?

Is the applicant certified by the U.S.D.V.A. to have 100% permanent disability sustained through military action or accident?

Is the applicant receiving benefit compensation at the 100% rate?

Is the applicant the surviving spouse of such 100% compensated veteran?

NOTE:

The applicant **must** provide to the county assessor a current U.S.D.V.A. benefits award letter or such document that the U.S.D.V.A. issues for qualification specific to this exemption that certifies the 100% service related disability, or the applicant is in receipt of compensation at the 100% rate. The county assessor is authorized to request and verify any information from the applicant or the U.S.D.V.A. they may feel is relevant.

PART FOUR

ASSESSOR

The applicant attests to the validity of the claim for exemption and shall notify the county assessor at such time when the applicant or surviving spouse does not meet the qualifications as set forth by the above cited requirements.

 _____
Applicant's Signature Date

 _____
County Assessor or Deputy Date

Approved beginning _____ **tax year.**

Disapproved. Reason _____

OKLAHOMA CONSTITUTION

Article 10, Section 8E

§ 8E. Homestead exemption for certain veterans based on disability.

- A. Despite any provision to the contrary, beginning January 1, 2006, each head of household who has been honorably discharged from active service in any branch of the Armed Forces of the United States or Oklahoma National Guard and who has been certified by the United States Department of Veterans Affairs or its successor to have a one hundred percent (100%) permanent disability sustained through military action or accident or resulting from disease contracted while in such military service or the surviving spouse of such head of household shall be entitled to claim an exemption for the full amount of the fair cash value of the homestead.

- B. In order to be eligible for the exemption authorized by this section, the individual shall be required to prove residency within the State of Oklahoma and must have previously qualified for the homestead exemption authorized by law or be eligible for the homestead exemption pursuant to law.

Added by State Question No. 715, Legislative Referendum No. 338, adopted at election held on November 2, 2004.