State Tax Commission Affidavit for Disabled Veterans Exemption

Issued under authority of Public Act 161 of 2013, MCt. 211.7b. Filing is mandatory.

Instructions: This form is to be used to apply for an exemption of property taxes under MCL 211.7b, for real property used and owned as a homestead by a disabled veteran who was discharged from the armed forces of the United States under honorable conditions or his or her unremarited surviving spouse. The property owner, or his or her legal designee, must annually file the Affidavit with the supervisor or assessing officer any time after December 31 and before, or until the conclusion of, the December Board of Review.

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				Owner's Telepi	one Number
Owner's Mailing Address					
City	State			ZIP Code	
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LEGAL DESIGNEE INFORMATION (Comp	lete if applicable)				
Legal Designee Name				Daytime Teleph	and No.
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City	Lavi				
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HOMESTEAD PROBERTY INCORES				1	
HOMESTEAD PROPERTY INFORMAT	ION (Enter information	n for the pro	perty in w	hich the exemp	otion is being claimed)
City, Township or Village (Check the appropriate t	ox and provide the name) Cit	,	Township	Village
			<u></u>		village
County		Name of the	Ocal Saha-1	Dintrick	
Described and the second secon	Name of the Local School District				
Parcel Identification Number		Date the Property was Acquired (MM/DD/YYYY)			
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Tomostead Property Address		<u> </u>			
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	State			ZIP Code	
ACKNOWLEDGEMENT (Check all boxes					
Crieck all boxes	that apply)				
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