

(To be completed by applicant)

PART ONE
Applicant

County: _____ Account Number: _____

Name: _____ Daytime Telephone: (____) _____

Current Property Address: _____

Current Mailing Address: _____

Email Address: _____

PLEASE MARK THE APPROPRIATE BOX

Did you have a 100% Disabled Veterans Exemption on your previous property?

If so, list address: _____

City: _____ County: _____

(To be completed by applicant)

PART TWO
Ownership

PLEASE MARK THE APPROPRIATE BOX

Did you own this property after January 1 of this year?

If not, when? Date: _____ / _____ / 20 _____

Are you currently occupying this property as your homestead?

Is your deed or other evidence of ownership of record in the County Clerk's Office?

NOTE: Your deed or other evidence of ownership must be recorded with the County Clerks Office in the year of the requested exemption.

PART THREE
Qualification

PLEASE MARK THE APPROPRIATE BOX

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

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

Is the applicant the surviving spouse of such veteran?

NOTE: The county assessor is authorized to request and verify any information from the applicant or a state or federal agency they may feel is relevant.

PART FOUR
NOTICE OF TERMINATION ACKNOWLEDGMENT
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 and Acknowledgment Date

LEGAL DESCRIPTION:	School District
---------------------------	-----------------

 County Assessor or Deputy Date

Approved beginning _____ **tax year.**

Disapproved. Reason: _____

Oklahoma Constitution

Article 10, Section 8E as Amended 2014

Section 8E.

- 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 active 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.
- C. If a homestead otherwise eligible for the exemption authorized by this section is transferred on or after January 1 of a calendar year, another homestead property acquired by the qualifying head of household shall be exempt to the same extent as the homestead property previously owned by such person or persons for the year during which the new homestead is acquired and, subject to the requirements of this section, for each year thereafter.