

**STATE OF MARYLAND
DEPARTMENT OF ASSESSMENTS AND TAXATION
APPLICATION FOR EXEMPTION
FOR SURVIVING SPOUSES OF DISABLED VETERANS**

RETURN TO:

TO BE FILED with the Supervisor of Assessments at the address shown above.

This form seeks information for the purpose of an exemption for the surviving spouse of a disabled veteran on the indicated property. Failure to provide this information will result in denial of your application. However, some of this information would be considered a "personal record" as defined in State Government Article, §10-624. Consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the State Department of Assessments and Taxation is not generally available for public review. However, this information is available to officers of the State, county or municipality in their official capacity and to taxing officials of any State or the federal government, as provided by statute. Additionally, if your property would be used by the State Department of Assessments and Taxation as a comparable for purposes of establishing the value of another property in a hearing before the Maryland Tax Court, the requested information, or a portion thereof, may have to be provided to the owner of that other property.

Full Name of Titled Owner: _____

Address of property: _____

Location and description of property: _____ Account Number: _____

Baltimore City	Ward	Section	Block	Lot
Counties	District	Map	Block	Parcel

Subdivision _____

Description _____

Date Acquired _____ Deed Reference _____

Date of Veteran's death _____

I declare under the penalties of perjury, pursuant to Section 1-201, Tax Property Article, of the Annotated Code of Maryland, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and that I am the unremarried spouse of the veteran.

SIGNATURE OF SURVIVING SPOUSE

PHONE

DATE

ADDRESS

CITY STATE ZIP CODE

SOCIAL SECURITY NUMBER

CLAIM NUMBER

•Attach a Copy of a Veteran's Honorable Discharge or a Copy of DD-Form No. 214 as Required by Law. (Tax-property Article, §7-208).

TO BE COMPLETED BY THE VETERANS ADMINISTRATION

The United States Veterans Administration hereby certifies that the above named veteran, prior to his/her death, was declared by the Veterans Administration to have a service-connected disability, which was not incurred through misconduct; that the said disability was _____ % disabling, permanent in character, and reasonably certain to have continued throughout the life of said veteran; and that the said veteran had been receiving disability payments as allowed for reasons of _____ % disability, or _____ % unemployability.

The character of the disability is follows:

Effective Date of Disability

Adjudication/Service Officer

Address

City State Zip Code

Phone

Date

(FOR OFFICE USE ONLY)

COMMENTS: _____

New Application
Approved

Re-Application
Disapproved

Code No. _____
Effective _____

Land _____	Imp _____	Total _____
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Supervisor's Signature

Date