

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: _____ 10. Social Security # _____ - _____ - _____ (optional)

CHECK THE FOLLOWING STATEMENTS AS APPLICABLE
(IF DISABILITY IS BASIS FOR CLAIM, COMPLETE CERTIFICATE OF DISABILITY ON REVERSE SIDE)

11. I, or my spouse, use the property for which the exemption is sought exclusively as my primary place of residence.
_____ Yes _____ No
12. 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

(CONTINUE ON REVERSE)

13. 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.

14. 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 the Homestead Exemption.

Claimant's Signature	Date
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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
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