

APPLICATION FOR HOMESTEAD EXEMPTION

____ Tax Year

\$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

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