



**DISABLED VETERANS'
REAL ESTATE TAX EXEMPTION PROGRAM**

APPLICATION FOR EXEMPTION FROM REAL PROPERTY TAXES

Important Facts to Remember when Applying

- Type or clearly print all requested information.
- The certification at the end of the application must be processed through your local County Director for Veterans' Affairs or designated County VSO.
- New Applications must be date stamped by your County Office of Tax Assessment.

Required Documents

- VA Rating Code Sheet or completed VA Form 3288 (attached)
- Official copy of current property deed
- Military Discharge (DD Form 214, Member-4) showing character of discharge and dates of service
- Marriage Certificate (Surviving Spouse application only)
- Veteran's Death Certificate (Surviving Spouse application only)
- Current VA Summary of Benefits Letter

Required Income Verification Documents (if applicable)

- 1040 Federal Income Tax Return (if you are required to file)
- 1040 Schedules: C (Business); D (Capital Gains); E (Rental Income); F (Farm Income)
- Combat Related Special Compensation (CRSC) Statement
- Employment Income (most recent W-2)
- Social Security and Railroad Retirement Benefit Statements (SSA-1099, RRB-1099)
- Interest Income (Form 1099-INT)
- Dividend Income (Form 1099-DIV)
- Distribution from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. (Form 1099-R; 1099-MISC; 1099-C; W-2G, etc.)

No determination can be made until all required information is provided.

**Expense documentation is required
if the Applicant's income is greater than \$114,637 (effective 1/1/2025)**

Authority: 51 Pa.C.S. Chapter 89; Procedures: 43 Pa. Code Ch. 5 Subch. C

Privacy Act Statement

Principal Purpose: This application form is the primary source of information to determine eligibility for the Real Property Tax Exemption Program for certain disabled veterans and their unmarried surviving spouses.

Routine Use: The information you provide will be used to review and determine your eligibility for exemption for real property taxes under Article 8, Section 2(c) of the Pennsylvania Constitution, 51 Pa.C.S. Ch. 89 and 43 Pa. Code Ch. 5 Sub-Chapter C. The information may be provided to federal, state, and local agencies, including your local taxing authorities, in connection with review of your application.

Voluntary Disclosure: Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request.

Instructions for Completing the Application

General Information:

If you are a Veteran, Check the block for “Veteran”.

If you are the surviving spouse of a qualified Veteran, check the block “Surviving Spouse”. (If the Veteran was living during the last review period, but is now deceased, the Surviving Spouse must contact their local County Director of Veterans Affairs and complete a new application to transfer the benefit.)

Section A: Applicant Information - All information in this Section is REQUIRED.

Section B: Spouse Information - All information in this Section is REQUIRED, if applicable.

Section C: Eligibility Criteria - Check all blocks that apply.

Section D: Exemptions and Dependent Data - Members of Your Immediate Family Residing in the Household - List the names of all dependents, their relationship to the Veteran, and their date of birth. Children may be counted as dependents only until they are 18 years old unless they are in school on a full-time basis and under the age of 24, or they are unable to care for themselves.

Section E: Property Information - Check appropriate block(s). Does any portion of the property generate income? (If so, the county board of assessment appeals may require more information.)

Section F: Income - List gross annual income for the previous tax year. If the applicant is a Veteran with a spouse, indicate each individual’s income in the appropriate columns. Yearly interest and/or dividends earned from savings accounts, stocks, bonds, annuities, trust funds or other securities are also required. No adjustments to or deductions from income are authorized in determining need. Attach the required income verification documentation listed in the Required Documents column.

Income, as defined in 43 Pa Code § 5.22, is: salaries, wages, bonuses, commissions, income from self-employment, support money, cash public assistance and relief; the gross amount of pensions or annuities, including railroad retirement benefits; benefits received under the Social Security Act except Medicare benefits; benefits received under state unemployment insurance laws; interest received from the federal or state government or an instrumentality or political subdivision thereof; realized capital gains; rentals; workmen's compensation and the gross amount of loss-of-time insurance benefits and proceeds except the first \$5,000 of the total of death benefit payments; and gifts of cash or property other than transfers by gift between members of a house-hold in excess of a total of \$300. This term does not include surplus food or other relief-in-kind supplied by a governmental agency. Income from savings accounts and bonds shall be included as well as interest received from investments. State and federal veterans’ benefits are excluded.

Section G: Expenditure Documentation - If the applicant’s annual income exceeds the presumptive need level, this section must be completed. All financial entries on the application require documentation in the form of a copy of a bill, receipt, or invoice for expenses incurred within the tax period being evaluated. Only one recent bill is necessary for those expenses that recur each month, e.g., mortgages. Receipts and bills should be organized by category.

Section H: Certification - This section must be signed and dated by the Applicant and the County Director of Veterans’ Affairs or Designated County VSO.

VA Form 3288 - The Veteran need only complete the highlighted areas. VA Form 3288 must be submitted with the application if the County VSO is unable to pull and submit the VA code sheet.



pennsylvania

DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS

Office of the Deputy Adjutant General for Veterans Affairs
Ft. Indiantown Gap, Annville, PA 17003-5002
1-800-547-2838

New Application

Review Application

New Applications Require a Date
Stamp by the **County Office of
Tax Assessment** here

APPLICATION FOR DISABLED VETERANS' REAL ESTATE TAX EXEMPTION

APPLICANT: Are you the **Veteran** or **Spouse** (All information in Sections A and B is required)

APPLICANT INFORMATION			V.A. Claim #			
A	Veteran's Last Name		First Name	M/I	Social Security # (Required)	
Property Address				Birth Date: (Mo) (Day) (Year)		
Mailing Address				Email Address		
City		State	Zip +4	County	Phone	
B	Spouse's Last Name		First Name	M/I	Social Security #	
Current Address You Occupy				Birth Date: (Mo) (Day) (Year)		
City		State	Zip +4	County	Phone	

C	ELIGIBILITY CRITERIA					
1. Did the Veteran have active service in any war or armed conflict in which the United States was engaged? <input type="checkbox"/> YES <input type="checkbox"/> NO						
2. As a result of such service is the Veteran rated total or 100% permanently disabled by the U.S. Department of Veterans Affairs? <input type="checkbox"/> YES <input type="checkbox"/> NO						
3. If deceased, was the Veteran rated total or 100% permanently disabled (service-connected) by the U.S. Department of Veterans' Affairs during his or her lifetime? <input type="checkbox"/> YES <input type="checkbox"/> NO						
4. As a result of such military service is the Veteran blind or paraplegic or has he or she sustained the loss of two or more limbs? <input type="checkbox"/> YES <input type="checkbox"/> NO						

D	DEPENDENT AND EXEMPTION DATA					
Is the Veteran <input type="checkbox"/> Age 65 or Older <input type="checkbox"/> 100% Disabled <input type="checkbox"/> Blind <input type="checkbox"/> Paraplegic <input type="checkbox"/> Double Amputee						
Is the Spouse <input type="checkbox"/> Age 65 or Older (Age is used to compute cost-of-living expense allowance.)						

List members of your immediate family residing in the household (except the spouse listed in Section B) who are dependents.

NAME	RELATIONSHIP	BIRTHDATE

E**PROPERTY INFORMATION**

Under Section 8902(3) of the Military and Veterans Code, 51 Pa. C.S., the dwelling must be owned by the applicant solely, jointly with his or her spouse, or as an estate by the entireties.

1. Is the property titled in the applicant's name solely? OR YES NO
2. Is the property titled jointly or as an estate by the entireties in the Veteran's and spouse's names? YES NO
3. Is the property occupied as the principal dwelling by the person seeking the exemption? YES NO
4. Does any portion of the property generate income (if yes please explain below) YES NO

5. Do you own any other real estate that you do not occupy? YES NO

6. If Yes to question 5

a. Non-Rental Address: _____

b. Rental Income: Provide annual amount of rent in the appropriate block in Section F (1040 Schedule E).

Address of rental property(s): _____

F**INCOME**

Are you exempt from filing Federal income taxes (IRS Form 1040)? YES NO

Do you affirm that your gross annual income is \$114,637 or less? YES NO

Source of Income	Required Documents (if applicable)	Veteran's Income	Spouse's Income
Social Security or Railroad Retirement	SSA-1099 or RRB-1099		
<u>Gross</u> Employment Income	Form W-2		
Civil Service Annuity	Form 1040 Tax Return		
Retirement/Pension/Annuity	Form 1099-R		
Rent from Properties	Form 1040 Schedule E		
Gifts, Inheritance, and Death Benefits	Form 1040		
Yearly Interest	Form 1099-INT, Schedule B		
Yearly Dividends	Form 1099-DIV, Schedule B		
Yearly Capital Gains	Form 1040 Schedule D		
Other Income	Form 1040, 1099-MISC, 1099-C, W2G, etc.		
TOTAL INCOME		\$	\$

The supporting documentation listed above is required for all income.

G**EXPENSE DOCUMENTATION**

IF THE APPLICANT'S ANNUAL INCOME \$114,637 OR LESS, DO NOT COMPLETE THIS SECTION.

MONTHLY HOUSEHOLD EXPENSES

- | | |
|---|--|
| 1. Mortgage Payment _____
(Principal, Interest, Mortgage Insurance, and Taxes) | 11. Domestic Help _____ |
| 2. Real Estate Tax (if not in escrow) _____ | 12. Educational Costs _____ |
| 3. Loan Payments _____ | 13. Home Improvement(s) Over \$200 _____ |
| 4. Car Payments _____ | 14. Major Purchases Over \$200
(includes car bought for cash) _____ |
| 5. Average Monthly Electric _____ | 15. Medical Bills for Legal Dependents _____ |
| 6. Average Monthly Heating/Fuel _____ | 16. Car Repairs (not covered by insurance) _____ |
| 7. Water _____ | 17. Lot Rental _____ |
| 8. Sewage _____ | 18. Miscellaneous Bills _____
(Auto, Homeowner's, Health & Life Insurance Premiums,
Cable TV, Internet Service and Major Credit Cards, etc.) |
| 9. Trash Removal _____ | |
| 10. Telephone _____ | |

PLEASE ATTACH SUPPORTING DOCUMENTATION IN THE FORM OF RECEIPTS OR BILLS

H**CERTIFICATION****READ THIS NOTICE BEFORE SIGNING**

By signing this application, I certify that the information provided is true and correct to the best of my knowledge, information, and belief. The law provides severe penalties including fines and imprisonment for making false statements on official forms such as this Application for Exemption from Real Property Taxes. I understand that this verification is made subject to the penalties of 18 Pa C.S.A. § 4904 pertaining to unsworn falsification to authorities.

THIS CERTIFICATION MUST BE SIGNED BY THE APPLICANT

Signature of Applicant_____
Date_____
Printed Name of Applicant

Processed By: _____

Signature of County Veterans Affairs Director or Designated County VSO

Mail completed application to:

Department of Military and Veterans Affairs
Attn: OVA-PIRO (RETX)
Bldg. 9-26, Fort Indiantown Gap
Annville, PA 17003-5002
or fax to (717) 861-9084



Department of Veterans Affairs

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S RECORDS

Privacy Act Statement: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosures as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number, The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701 as implemented by 38 CFR 1.526 (a) and 38 CFR under any other provision of law. The information requested is approved under OMB Control Number 2900-0025 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection of information is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (045A4, 810 Vermont Avenue, NW, Washington, DC 20420) SEND COMMENTS ONLY. DO NOT SEND THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.

TO	Department of Veterans Affairs	NAME OF VETERAN (Type or print)	
		VA FILE NO. (Include prefix)	SOCIAL SECURITY NO.

NAME AND ADDRESS OF ORGANIZATION AGENCY, OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

PA Department of Military and Veterans Affairs

Attn: OVA-PIRO

Building 9-26, Fort Indiantown Gap

Annville, PA 17003-5002

Telephone (800) 547-2838

Facsimile (717) 861-9084

VETERAN'S REQUEST

I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon:

NAME

Pennsylvania Office of Veterans Affairs (010)

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each.)

THIS SECTION TO BE FILLED OUT BY U.S. DEPARTMENT OF VETERANS AFFAIRS

1. Please provide a copy of my most current disability rating code sheet to the Pennsylvania Office of Veterans Affairs to support my application for state veterans' benefits.

PURPOSE (S) FOR WHICH THE INFORMATION IS TO BE USED.

Pennsylvania State Veterans' Benefits, Title 51 Pa.C.S. Chapters 77, 87, and 89

NOTE: Additional information may be listed on the reverse side of this form.

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL (Attach authority to sign, e.g., POA)

DATE