DOUGLAS COUNTY ASSESSOR'S OFFICE
1616 EIGHTH ST
PO BOX 218
MINDEN, NV 89423
775-782-9830 or FAX 775-782-9884

VETERAN or DISABLED VETERAN Exemption Application

NAME: _____
MAILING ADDRESS: _____
_____
_____
CITY & STATE: _____
ZIP CODE: _____
PHONE NUMBER: _____

1. I established actual bona fide residency in the State of Nevada (must have a current Nevada Driver's License or a Nevada Identification Card), and your DD214 *or active duty papers*.

2. I understand my application for exemption must be filed in the county in which I reside.
I presently reside at: _____

3. *I have not claimed an exemption in any other county in Nevada for the current fiscal year*.

4. I understand that I must immediately report any change of address to the Douglas County Assessor's Office.

5. I entered active duty service of the United States on _____, and I was honorably discharged on _____.

6. The assessed valuation is adjusted for each fiscal year by adding to each amount the product of the amount multiplied by the percentage increase in the Consumer Price Index.

   ☐ I claim a **Veteran Exemption** under provisions of NRS 361.090. **2022/2023 deduction from assessed valuation is $3,080 *or* $123 off the governmental service tax for DMV registration.**

   ☐ I claim a **Disabled Veteran Exemption** under the provisions of NRS 361.091 to the extent of assessed valuation per fiscal year as shown below.

   ☐ 60% - 79% Disability ☐ 80% - 99% Disability ☐ 100% Disability

7. I request my exemption be applied as follows:

   ☐ Motor Vehicle Governmental Service Tax Benefit: for fiscal year _____.
   ☐ Real Property tax roll, Parcel No. _____ for fiscal year _____.
   ☐ Mobile Home tax roll, Acct. No. _____ for fiscal year _____.
   ☐ Personal Property tax roll, Acct No. _____ for fiscal year _____.

8. I affirm and certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signed: _____ Date: _____

Witnessed by: _____Voucher received: _____ Send voucher: _____