

**Application for Homestead Exemption
\$20,000 Assessed Valuation**

FOR ASSESSOR'S USE ONLY

Tax District: _____

Map No.: _____ Parcel No.: _____ • _____

Personal Property Account No.: _____

Owner's Name: _____
(last) (first) (middle initial)

Joint Owner's Name, If Applicable: _____
(last) (first) (middle initial)

Street Address: _____
Property Location, if P.O. Box is given: _____

City: _____ State: _____ Zip Code: _____

Phone Number: () _____ Owner's Date of Birth: _____

Joint Owner's Date of Birth: _____

CHECK THE FOLLOWING STATEMENTS IF APPLICABLE

(If Disability is Basis for Claim, Complete Certificate of Disability Below)

I use the property for which the exemption is sought exclusively for my residential purposes.

_____ Yes _____ No

I have lived on this property for six consecutive months to the date of this application.

_____ Yes _____ No

I have been a resident of West Virginia for the two calendar years previous to this calendar year.

_____ Yes _____ No

If your answer is no, please list all dates of residency in West Virginia.

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

CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

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