

RETURN TO:

DEPARTMENT OF ASSESSMENTS AND TAXATION
APPLICATION FOR EXEMPTION FOR SURVIVING
SPOUSES OF DISABLED VETERANS RECEIVING DIC
BENEFITS

To be filed with the Supervisor of Assessments in the appropriate local office.

This form seeks information for the purpose of an exemption for the surviving spouse of a disabled veteran on the indicated property. Failure to provide this information will result in denial of your application. However, some of this information would be considered a "personal record" as defined in State Government Article, §10-624. Consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the State Department of Assessments and Taxation is not generally available for public review. However, this information is available to officers of the State, county or municipality in their official capacity and to taxing officials of any State or the federal government, as provided by statute. Additionally, if your property would be used by the State Department of Assessments and Taxation as a comparable for purposes of establishing the value of another property in a hearing before the Maryland Tax Court, the requested information, or a portion thereof, may have to be provided to the owner of that other property.

Full Name of Titled Owner: _____

Address of Property: _____

Description/Location of Property _____

Account Number: _____

Table with 5 columns: Baltimore City, Counties, Ward, District, Section, Map, Block, Block, Lot, Parcel

Date Acquired: _____ Deed Reference: _____

Subdivision: _____

Name of Veteran: _____

Social Security Number _____ Claim number _____

Date of Veteran's Death _____

*Attach a copy of a Veteran's Honorable Discharge or a Copy of DD-Form No. 214 as Required by Law. (Tax-Property Article §7-208).

I declare under the penalties of perjury, pursuant to Section 1-201, Tax Property Article, of the Annotated Code of Maryland, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return and that I am the unremarried spouse of the veteran. In affixing my signature to this application, I hereby grant permission to the Veteran Affairs (VA) to release to the Department the medical and other record information requested below.

Signature of Surviving Spouse _____ Phone _____ Date _____

Address _____ City _____ State _____ Zip Code _____

TO BE COMPLETED BY THE VETERANS ADMINISTRATION

The United States Department of Veteran Affairs (VA) hereby certifies that the above named veteran:

- (1) Prior to his/her death, was declared by the VA to have a service-connected disability, which was not incurred through misconduct. Yes ____ No ____ . If yes, the said disability was _____% disabling, permanent in character, and reasonably certain to have continued throughout the life of said veteran; and that the said veteran had been receiving disability payments as allowed for reasons of _____% disability, or _____% unemployability.
- (2) After his/her death, the veteran was declared by the VA to be 100% disabled and the veteran's surviving spouse receives Dependency and Indemnity Compensation (DIC) from the VA. Yes ____ No ____
- (3) Specify the nature of the service connected disability or illness of the veteran that entitles the surviving spouse to receive DIC:

 Effective Date

 Adjudication/Service Officer

 Address

 City State Zip Code

 Phone

 Date

(FOR SDAT OFFICE USE ONLY)

COMMENTS:

New Application **Re-application** **Code No.** _____

Approved **Disapproved** **Effective:** _____

Land _____	Improvement _____	Total _____
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 Supervisor's Signature

 Date