

New Mexico Veterans' Service Commission
PO BOX 2324
Santa Fe, NM 87504

**APPLICATION FOR CERTIFICATE OF ELIGIBILITY
FOR
DISABLED VETERANS PROPERTY TAX WAIVER**

INSTRUCTIONS

Print, use ink, typewriter, or printer to complete all items. Please read information on reverse side of this form. DO NOT COMPLETE THIS FORM IF YOU HAVE ALREADY APPLIED FOR AND RECEIVED AN ORIGINAL PROPERTY TAX WAIVER CERTIFICATE.

If your original certificate has been lost, stolen, or destroyed, please refer to VSC form entitled:
"Affidavit of Loss of Disabled Veterans' Property Tax Waiver Certificate"

1. Name of Applicant (Last, First, Middle) Veteran ___
Widow ___

2. Address (Number and Street, City, County, State, Zip)

MILITARY SERVICE INFORMATION

3. Name of Veteran

4. Social Security Number 5. Service Number 6. VA Claim Number

7. DUTY DATES

BRANCH OF SERVICE	DATE ENTERED	DATE SEPARATED	PLACE ENTERED	PLACE SEPARATED
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8. DATE AWARDED SPECIAL ADAPTIVE HOUSING GRANT

9. IF APPLICATION IS MADE BY UNREMARKED WIDOW GIVE DATES FOR THE FOLLOWING VETERAN BECAME A RESIDENT OF NEW MEXICO _____
DATE OF DEATH _____ PLACE OF DEATH _____

*****IMPORTANT*****

HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN LISTED ABOVE
YES _____ NO _____

10. I BECAME A RESIDENT OF NEW MEXICO ON _____

CERTIFICATION OF APPLICANT

I DO HEREBY CERTIFY THAT ALL STATEMENTS MADE BY ME IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION AND BELIEF, FURTHER, I UNDERSTAND THAT IN THE EVENT THAT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE FOR PUNISHMENT IN ACCORDANCE WITH ALL APPLICABLE LAWS AND STATUTES.

SIGNED: _____ DATE: _____

CERTIFICATION OF AUTHORIZED OFFICIAL
(FOR VETERANS' SERVICE COMMISSION ONLY)

I CERTIFY THAT EVIDENCE OF THE TRUTH OF THE FOREGOING STATEMENTS OF APPLICANT HAS BEEN PRESENTED TO ME AND THAT I AM SATISFIED THE STATEMENTS ARE TRUE. THIS EVIDENCE CONSISTS OF THE FOLLOWING INSTRUMENTS AND WRITINGS: _____

SIGNATURE: _____