STATE OF WYOMING
VETERANS PROPERTY TAX EXEMPTION APPLICATION FOR TAX YEAR 20

INSTRUCTIONS:

Please complete the name and address information boxes, and the military service information boxes on Page 2. Applicants who have not previously applied in the county named on the application must complete Section 1. Applicants who have previously qualified in the county named on the application, and whose information and status have not changed, may leave Section 1 blank and complete Section 2. All applicants must complete Section 3. Initial the appropriate box if you are claiming the exemption for your principal residence, motor vehicle(s), or both. Surviving spouses must complete Section 4. All applicants must complete the certification section, including provision of the Veteran's Social Security Number. Applicants must be able to provide adequate documentation of their military service, discharge information, and Wyoming residency when submitting an initial application, when re-applying in a new tax year if the veteran's application information or status has changed, or when applying in a new tax year in a different county. You may apply for the Veterans Exemption in only one county in any given tax year. The exemption may only be applied to property taxes on your principal residence, or to registration fees for qualifying motor vehicles..

MILITARY SERVICE QUALIFICATION

Pursuant to W.S. 39-13-105, to be eligible for the Wyoming Veterans Exemption, you must meet Criteria 1 or Criteria 2 below.

CRITERIA 1. (If you meet this criteria, check "Yes" in question 1 c. on Page 2 of this form.)
I meet at least one of the following requirements:

- I am an honorably discharged veteran of the Second World War, who served in the military between December 7, 1941 and August 14, 1945;.
- I am an honorably discharged veteran of the Korean War emergency, who served in the military service of the United States between June 27, 1950 and July 28, 1953.
- I am an honorably discharged veteran of the Vietnam War emergency, who served in the military service of the United States between February 28, 1961 and August 15, 1973.
- I am an honorably discharged veteran who served in the military service of the United States, who was awarded the armed forces expeditionary medal or other authorized service or campaign medal indicating service for the United States in any armed conflict in a foreign country.
- I am a disabled veteran with a compensable service connected disability certified by the veterans administration or a branch of the armed forces of the United States.

OR

CRITERIA 2. (If you meet this criteria, initial Section 4 on Page 2 of this form.)
I meet all of these requirements:

- I am the surviving spouse of a veteran who met one or more requirements in Criteria 1 above. As a surviving spouse, I also meet all of the following requirements:
  - At the time of my spouse's death, both my spouse and I were residents of Wyoming.
  - I have been a resident of Wyoming for three years at the time of this application.
  - I have not remarried.

PRIVACY ACT NOTIFICATION

Requesting Agency: Wyoming Department of Revenue

Why This Notification Is Provided: This notification is required by the Privacy Act of 1974 (P.L. 93-597).

Authority for Collection of Information: The State of Wyoming is required to establish that individuals claiming the Veteran's property tax exemption are not filing in multiple counties during each tax year. The Social Security Number (SSN) is used to uniquely identify the taxpayer as the individual seeking to claim the exemption.

Purpose: The principal purpose for collecting information on this form, including the SSN, is to obtain the information necessary to determine whether a person is eligible for the veterans' property tax exemption under W.S. 39-13-105.

Uses: Disclosure of identifiable information, including your SSN, shall be made to the Department of Revenue, and will be made available by the Department of Revenue to Wyoming County Assessors or County Treasurers for use in tracking the applicant's veterans' exemption claim history. This information may also be disclosed to other agencies in the event of litigation involving relief granted or denied under this program.

STATE OF WYOMING, COUNTY OF _____
VETERANS PROPERTY TAX EXEMPTION APPLICATION FOR TAX YEAR 20

Tax District:

NAME AND ADDRESS INFORMATION

LAST NAME	FIRST NAME	M.I.
MAILING ADDRESS		
CITY	STATE WY	ZIP
PHYSICAL ADDRESS OF PRINCIPAL RESIDENCE (If different than mailing address):	TELEPHONE NUMBER:	

MILITARY SERVICE INFORMATION

BRANCH OF SERVICE_____

CONFLICT/MEDAL REC'D_____

DATE OF: ENTRY _____/_____/_____

DATE OF DISCHARGE _____/_____/_____

APPLICANT IS: ☐VETERAN ☐DISABLED ☐SURVIVING SPOUSE

(INSTRUCTIONS ON PAGE 1)

SECTION 1. (All new applicants to this county must complete this entire Section.)

a.	☐**YES** ☐**NO**	I am applying for the veterans exemption in only this county for Tax Year 20 . I have provided to this county a copy of my/my spouse's honorable discharge and any other documents required to determine my eligibility under W.S. 39-13-105.
b.	☐**YES** ☐**NO**	I have been a bona fide Wyoming resident for at least three (3) years at the time of claiming the exemption. I have been a bona fide Wyoming resident since:_____/_____/_____
c.	☐**YES** ☐**NO**	I have read the "Military Service Qualification" section on Page 1 of this form and I certify under penalty of perjury that I meet the eligibility criteria.

IF YOU ANSWERED "NO" TO ANY OF THE ABOVE 3 STATEMENTS, STOP. YOU DO NOT QUALIFY FOR THE WYOMING VETERANS EXEMPTION.

IF YOU ANSWERED "YES" ON 1 a., b., and c., please continue to Section 3.

SECTION 2. (Previous qualifying applicants to this county may use this Section.)

☐ By initialing the box to the left, I certify under penalty of perjury that I have previously qualified for the Wyoming Veterans Exemption in this county, and that I continue to meet **all** eligibility requirements pursuant to W.S. 39-13-105 in effect for Tax Year 20 . I am applying for the veterans exemption in only this county for Tax Year 20 .

SECTION 3. (All applicants must complete this Section. Please initial the appropriate box[es].)

☐ The principal residence for which I am applying for the veterans exemption is owned by only me and/or my spouse, or is (are) subject to a trust created by or for the benefit of my spouse or me. (Initial box to left.)

☐ The motor vehicle(s) for which I am applying for the veterans exemption is (are) owned by only me and/or my spouse, or is (are) subject to a trust created by or for the benefit of my spouse or me. (Initial box to left.)

SECTION 4. (Surviving spouses must complete this Section.)

☐ I am the surviving spouse of a previously qualified veteran and I meet the qualifying criteria listed for surviving spouses listed in the "Military Service Qualification" section on Page 1 of this form. By initialing the box to the left, I certify under penalty of perjury that this statement is true.

CERTIFICATION. (All applications must contain a valid signature, date, and Social Security Number in order to be processed.)

I certify under penalty of perjury that the information entered on this application is true, correct and complete to the best of my knowledge and belief.

_____ _____ Veteran's Social Security Number (required):_____-_____-_____

Applicant's signature Date **SEE PRIVACY ACT NOTIFICATION ON PAGE 1**

FOR OFFICE USE BELOW

Date application rec'd_____/_____/_____	Assessor/Deputy signature_____	
Property Type (Real, Mobile Home, Vehicle, etc.)	Account no., GEOPIN, or Vehicle license no.	Assessed value exempted on this application
		$
		$
		$
		$
TOTALS FOR THIS APPLICATION		$