2025 VETERAN'S PROPERTY TAX RELIEF



Please file early. We may need additional documentation. ALL SUPPORTING DOCUMENTS MUST BE RECEIVED BY SEPT 1, 2025.

Applicant's Last	t Name	First Name	Middle Name	Date of Birth	Social Security Number	
Co-Owners Last	Name	First Name	Middle Name	Date of Birth	Social Security Number	
Address			City & State	Zip Code	Phone Number	
Account Numbe	er OR	Property Serial	Number	Email Address		
 Applicant is a(n):□Veteran with a disability, OR □ Unmarried spouse/minor orphan of a veteran with a disability and/or a deceased veteran 						
2. \Box Yes \Box No Is this property still your primary residence?						
3. □ Yes □ No Have you filed for any Tax Relief this year in another county or state? If yes, where?						
4. □ Yes □ No Is your property in a Trust Agreement? <i>If yes, a copy of the Trust must be on file in our office.</i> If yes, were there any changes to the trust in the past year □ Yes □ No (<i>Must include copy of changes.</i>)						
5. Will you reside in this property on September 1 of the current year? \Box Yes \Box No						
6. Enter your Service Connected/Unemployable Disability rating here: You will need to provide a copy of your DD214 and current VA disability letter.						

OATH AND SIGNATURE

Under penalties of perjury, I declare that, I am a lawful resident of Washington County and to the best of my knowledge and understanding, the answers on this form are true, correct and complete.

Applicant's Signature:	Date:	
Co-Owner's Signature:	Date:	
(If home is owned in joint tenancy.)		