

**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 the verification 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 year. The exemption may only be applied to 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 these 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 December 31, 1946;
- 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 January 31, 1955;
- 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 May 7, 1975.
- 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 these 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			MILITARY SERVICE INFORMATION	
LAST NAME	FIRST NAME	M.I.	BRANCH OF SERVICE _____	
MAILING ADDRESS			CONFLICT/MEDAL REC'D _____	
CITY	STATE <b>WY</b>	ZIP	DATE OF ENTRY ____/____/____	
PHYSICAL ADDRESS OF PRINCIPAL RESIDENCE (If different than mailing address):		TELEPHONE NUMBER:	DATE OF DISCHARGE ____/____/____	
			APPLICANT IS: <input type="checkbox"/> VETERAN <input type="checkbox"/> DISABLED <input type="checkbox"/> SURVIVING SPOUSE	

**(INSTRUCTIONS ON PAGE 1)**

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

<b>a.</b> <input type="checkbox"/> YES <input type="checkbox"/> 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>b.</b> <input type="checkbox"/> YES <input type="checkbox"/> 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: ____/____/____
<b>c.</b> <input type="checkbox"/> YES <input type="checkbox"/> 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____.
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**SECTION 3. (All applicants must complete this Section. Please initial the appropriate box(es).)**

As claimant applying for the Veterans exemption on my principal residence, I and/or my spouse are listed as an owner; property subject to trust created by or for the benefit of claimant and/or spouse; listed as owner on contract for deed.	As claimant applying for the Veterans exemption on motor vehicle, I and/or my spouse are listed as an owner; property subject to trust created by or for the benefit of claimant and/or spouse.

**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.
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**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 \_\_\_\_\_

FOR OFFICE USE BELOW

Date application rec'd ____/____/____	Assessor/Deputy signature _____	Assessed value exempted on this application
Property Type (Real, Mobile Home, Vehicle, etc.)	Account no., GEOPIN, or Vehicle license no.	\$
		\$
		\$
		\$
<b>TOTALS FOR THIS APPLICATION</b>		\$