



ELKO COUNTY ASSESSOR
Janet Iribarne

AFFIDAVIT OF DISABLED VETERAN

FOR PROPERTY TAX EXEMPTION
PURSUANT TO NEVADA REVISED STATUTE 361.091

ID# _____
RCVD BY: _____
FY: _____

I, the undersigned, hereby affirm that I am a bona fide resident of the State of Nevada (possess a valid Nevada driver's license or identification card), I meet all requirements for the exemption as a disabled veteran, or surviving spouse thereof, and that I have not claimed this exemption in any other county in the State of Nevada.

A person with a permanent service-connected disability of 60% or greater is entitled to an exemption. The surviving spouse qualifies for an exemption if they lived with and were married to the disabled veteran for the five years preceding the death and has not remarried. Any person who qualified for a disabled veteran exemptions is not entitled to a veteran exemption under NRS 361.090.

Please include a copy of Nevada Driver's license or ID card and a copy of discharge document (DD214) indicating honorable discharge, date of entry, and discharge date and documentation from the Dept. of Veteran Affairs indicating a permanent service-connected disability and total percentage of disability. A surviving spouse should also provide a copy of the veteran's death certificate.

I wish to apply my exemption to: (Check Box Below)

To apply your exemption to your real property tax bill for July 1, you must return the affidavit by June 15, or for real property acquired between June 15 and July 1, you must return the affidavit by July 5 as per NRS 361.155.

	Exempt amount
☐ DMV/Governmental Services Tax (when registering a vehicle you own)	_____
☐ Real Property at the following location address or parcel # _____	_____
☐ Manufactured Home or Personal Property (location or account #) _____	_____
☐ Donate my exemption to the Gift Account for Veteran's Homes You must pay your full tax amount to donate the exempted amount to the Gift Account for Veteran's Homes.	

Note: This document must be signed before a Deputy Assessor or Notary Public.

A person who files a false affidavit or documentation and obtains an exemption is guilty of a gross misdemeanor.

Signature: _____ Date: _____

Print Full Name: _____ Spouse: _____

Mailing Address: _____ Branch of Service: _____

Entry Date: _____

Email: _____ Phone: _____ Discharge Date: _____

State of Nevada, County of _____

Signed and sworn to (or affirmed) before me on this date, _____, 20____ by _____.

(Signature of notarial officer or Elko Co Deputy Assessor)

(Notary Stamp)

Return this affidavit with required documentation to the Elko County Assessor, 550 Court Street Elko, NV 89801

Questions? Please call 775-738-5217