

CSR:

Erroll G. Williams, Assessor Orleans Parish Assessor's Office

1300 PERDIDO STREET, CITY HALL ROOM 4E01 NEW ORLEANS, LA 70112 PHONE: 504-754-8811



Disabled Veteran's Exemption Application

Tax	Year	
Ian	ı caı	

taxable assessment where a veteran has bee 50% or more as determined by the U.S. Depa applies to property owned by the veteran an I hereby apply for a PERMANENT Disabled V	des for an additional exemption to be deducted from a en declared to have a service-connected disability rating of ertment of Veterans Affairs. This additional exemption only occupied by the veteran as their primary domicile.
	ide thereon, claim only one homestead exemption, and to f Veterans Affairs to be (please check only one option)
A Veteran with a service-connected total Individual Unemployability and qualify for a t	al disability rating of 100% by schedule or based on total exemption from ad valorem taxes
A Veteran with a service-connected tota \$4,500 exemption from ad valorem taxes	al disability rating of 70-99% and qualify for an additional
A Veteran with a service-connected total \$2,500 exemption from ad valorem taxes	al disability rating of 50-69% and qualify for an additional
Property Address:	
Name: Print Owner/Authorized Agent's Name	Signature:Owner/Authorized Agent's Signature
Date:	Phone: ()
Email:	
For Office Use Only	

Folio:

Line:

Book:

Tax Bill #:



DISABLED VETERANS PROPERTY TAX BENEFITS CERTIFICATION

Tax Assessor,	Parish	
Name of Veteran		Phone
Name of Veteran's Surviving Sp	ouse (if applicable)	
Residential Property Address		
connected disability rating of	50% or more, for the purpos	n named above is a Veteran with a service e of seeking a special assessment level under esidential property owned and occupied by the
1 1	*	on residential property owned and occupied by a VII, Section 21(K) of the Louisiana Constitution,
Unemployability and o	•	by schedule or based on Individual total (temporary ratings under 38 CFR 4.28, 4.29, and ent of Veterans Affairs.
	•	% to 99% by (temporary ratings under 38 CFR 4.28, Department of Veterans Affairs.
	•	% to 69% by (temporary ratings under 38 CFR 4.28, Department of Veterans Affairs.
U.S. Depart	ment of Veterans Affairs Ce	ertification
I certify that the above nam	ed Veteran meets the eligibilit	ry requirements indicated.
		Signature of Public Contact Representative
		Printed Name of Public Contact Representative
		Date
Office Stam	up	