

APPLICATION FOR HOMESTEAD EXEMPTION

\$20,000 ASSESSED VALUATION

FOR ASSESSOR'S USE ONLY: Transfer from:

Account Number:

Account Number:

Tax District:

Map No.

Parcel/Sub/Spec ID:

1. Owner's Name:

2. Joint Owner's Name:

3. Street Address:

Property Location (If P. O. Box is given):

4. City:

5. State:

6. Zip Code:

7. Telephone:

8. Owner's Date of Birth:

9. Joint Owner's Date of Birth:

CHECK THE FOLLOWING STATEMENTS AS APPLICABLE

10. I use the property for which the exemption is sought exclusively for residential purposes.

YES

NO

11. I have lived on this property for six consecutive months prior to the date of this application.

YES

NO

12. I have been a resident of West Virginia for the two calendar years previous to this calendar year.

YES

NO

If you answer is no, please list all dates of residency in West Virginia.

Under penalties of perjury, I swear or affirm the answers to the preceding questions are complete and accurate. I further certify that neither I nor my spouse or joint owner is receiving a residential homestead tax exemption in this or any other state. I understand that if approved, the Homestead Exemption will not be applied until the tax ticket I receive in July **2021**.

Owner's Signature

Date

Joint Owner's Signature

Date

CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

West Virginia Code § 11-6B-2 defines someone who is "permanently and totally disabled" as a person who is unable to engage in any substantial gainful activity by reason of any medically determination physical or mental condition which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than twelve months. West Virginia Code § 11-6B-4 lists the documentation that must be provided before the Assessor can grant the Homestead Exemption.

I certify under penalties of perjury that I was permanently and totally disabled on or before July 1, **2020**. I further certify that I will notify the Assessor within thirty (30) days of discontinuance of the receipt of benefits for permanent and total disability or that I am gainfully employed. I understand that gainful employment or discontinuance of benefits will be considered a basis for disqualification for the Homestead Exemption.

Claimant's Signature

Date

Assessor or Deputy Assessor

Date