



LYON COUNTY ASSESSOR'S OFFICE
27 SOUTH MAIN ST
YERINGTON, NV 89447
775-463-6520 or FAX 775-463-5305

VETERAN or DISABLED VETERAN Exemption Application

NAME: _____
MAILING ADDRESS: _____

CITY & STATE: _____
ZIP CODE: _____
PHONE NUMBER: _____

1. I am a bona fide resident in the State of Nevada. **(Please provide copy of a current Nevada Driver's License or a Nevada Identification Card.)**

2. I understand my application for exemption must be filed in the county in which I reside.
 I presently reside at: _____

3. *I have not claimed an exemption in any other county in Nevada for the current fiscal year.*

4. I understand that I must immediately report any change of address to the Lyon County Assessor's Office.

5. I entered active duty service of the United States on _____, and I was honorably discharged on _____. **(Please provide a copy of DD-214.)**

6. The assessed valuation is adjusted for each fiscal year by adding to each amount the product of the amount multiplied by the percentage increase in the Consumer Price Index.

I claim a **Veteran Exemption** under provisions of NRS 361.090.

I claim a **Disabled Veteran Exemption** under the provisions of NRS 361.091 to the extent of assessed valuation per fiscal year as shown below. Please provide copy of VA letter indicating "Total Service Connected Disability or Unemployability Rating)

60% - 79% Disability 80% - 99% Disability 100% Disability

7. I request my exemption be applied as follows:

- Motor Vehicle Governmental Service Tax Benefit: for fiscal year _____.
- Real Property tax roll, Parcel No. _____ for fiscal year _____.
- Mobile Home tax roll, Acct. No. _____ for fiscal year _____.
- Personal Property tax roll, Acct No. _____ for fiscal year _____.

8. I affirm and certify under penalty of perjury that the above information is true and correct to the best of my knowledge. **NOTE: This document must be signed before a Notary Public or a staff member of the Assessor's Office.**

Signed: _____ Date: _____

Subscribed and sworn before me (Assessor or Notary Public): _____
 Date: _____