

<b>PART ONE</b>			
<small>(TO BE COMPLETED BY APPLICANT)</small>  <b>APPLICANT</b>	<p>County: _____ Account Number: _____</p> <p>Name: _____ Daytime Telephone: (____) _____</p> <p>Email Address: _____</p> <p>Property Address: _____</p> <p>Mailing Address: _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%; padding: 5px;"><b>LEGAL DESCRIPTION:</b></td> <td style="width:20%; padding: 5px;">School District</td> </tr> </table> <p><small>PLEASE MARK THE APPROPRIATE BOX...</small></p> <p><input type="checkbox"/> <input type="checkbox"/> Are you a legal resident of Oklahoma?</p> <p><input type="checkbox"/> <input type="checkbox"/> Do you currently, or did you in the previous year, reside in this State?</p> <p style="text-align: center;">If so, list address _____, _____ City _____ County</p>	<b>LEGAL DESCRIPTION:</b>	School District
<b>LEGAL DESCRIPTION:</b>	School District		

<b>PART TWO</b>	
<small>(TO BE COMPLETED BY APPLICANT)</small>  <b>OWNERSHIP</b>	<p><small>PLEASE MARK THE APPROPRIATE BOX...</small></p> <p><input type="checkbox"/> <input type="checkbox"/> Were you occupying this property as your place of residence on January 1 of this year?</p> <p><b>NOTE:</b> The 100% disabled veterans cannot be approved if you do not own and occupy the homestead property as your place of residence on January 1 each year the exemption is applied, including the year of application.</p>

<b>PART THREE</b>	
<small>(TO BE COMPLETED BY APPLICANT)</small>  <b>QUALIFICATION</b>	<p><small>PLEASE MARK THE APPROPRIATE BOX...</small></p> <p><input type="checkbox"/> <input type="checkbox"/> Is the applicant Head of Household?</p> <p><input type="checkbox"/> <input type="checkbox"/> Has the applicant been honorably discharged from the United States Armed Services?</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the applicant certified by the U.S.D.V.A. to have 100% permanent disability sustained through military action or accident?</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the applicant receiving benefit compensation at the 100% rate?</p> <p><input type="checkbox"/> <input type="checkbox"/> Is the applicant the surviving spouse of such 100% compensated veteran?</p> <p><b>NOTE:</b> The applicant <b>must</b> provide to the county assessor a current U.S.D.V.A. benefits award letter or such document that the U.S.D.V.A. issues for qualification specific to this exemption that certifies the 100% service related disability, or the applicant is in receipt of compensation at the 100% rate. The county assessor is authorized to request and verify any information from the applicant or the U.S.D.V.A. they may feel is relevant.</p>

<b>PART FOUR</b>							
<b>ASSESSOR</b>	<p>The applicant attests to the validity of the claim for exemption and shall notify the county assessor at such time when the applicant or surviving spouse does not meet the qualifications as set forth by the above cited requirements.</p> <table style="width:100%;"> <tr> <td style="width:40%; border-bottom: 1px solid black; vertical-align: bottom;">  _____                      Applicant's Signature                 </td> <td style="width:20%; border-bottom: 1px solid black; vertical-align: bottom;">                     _____                      Date                 </td> <td style="width:40%; padding: 5px;"> <input type="checkbox"/> <b>Approved beginning</b> _____ <b>tax year.</b>  <input type="checkbox"/> <b>Disapproved. Reason</b> _____                      _____                      _____                 </td> </tr> <tr> <td style="border-bottom: 1px solid black; vertical-align: bottom;">  _____                      County Assessor or Deputy                 </td> <td style="border-bottom: 1px solid black; vertical-align: bottom;">                     _____                      Date                 </td> <td></td> </tr> </table>	_____ Applicant's Signature	_____ Date	<input type="checkbox"/> <b>Approved beginning</b> _____ <b>tax year.</b> <input type="checkbox"/> <b>Disapproved. Reason</b> _____ _____ _____	_____ County Assessor or Deputy	_____ Date	
_____ Applicant's Signature	_____ Date	<input type="checkbox"/> <b>Approved beginning</b> _____ <b>tax year.</b> <input type="checkbox"/> <b>Disapproved. Reason</b> _____ _____ _____					
_____ County Assessor or Deputy	_____ Date						

## OKLAHOMA CONSTITUTION

### Article 10, Section 8D

#### § 8D. Household personal property exemption for certain veterans based on disability.

- A. Despite any provision to the contrary, beginning January 1, 2009, each head of household who has been honorably discharged from active service in any branch of the Armed Forces of the United States or Oklahoma National Guard and who has been certified by the United States Department of Veterans Affairs or its successor to have a one hundred percent (100%) permanent disability sustained through military action or accident or resulting from disease contracted while in such active service or the surviving spouse of such head of household shall be entitled to claim an exemption for the full amount of household personal property which is subject to ad valorem taxation and is not subject to any form of taxation in lieu of ad valorem taxation.
- B. In order to be eligible for the exemption authorized by this section, the individual shall be required to prove residency within the State of Oklahoma.
- C. The legislature shall be authorized to enact such laws as may be necessary in order to implement the exemption provided by this section; however the exemption amount shall not be subject to modification by such enactments and shall be for the full amount of the valuation of any household personal property as otherwise described in this section.

Added by State Question No. 735 adopted at election held on November 4, 2008.