

## **DIVISION OF TREASURY**

27 COURTHOUSE SQUARE, SUITE 200 ROCKVILLE, MARYLAND 20850 240-777-0311

## **APPLICATION FORM PROPERTY TAX CREDIT - DISABLED VETERANS**



Montgomery County Code, Section 52-113	
Property Owner:	
Property Address:	
Property Tax Account Number:	Property Owner Telephone #:
ELIGIBILITY REQUIREMENTS TO RECEIVE THE PRO	PERTY TAX CREDIT - DISABLED VETERANS
than 2 families.	ncipal residence, and must not be occupied by more
<ul> <li>The disabled veteran must have been discharged U.S. Armed Forces as defined in 38 U.S.C. Section</li> </ul>	I under honorable conditions from active service in the on 101.
least 50%, that is reasonably certain to continue f	o have a permanent service-connected disability of at for the life of the disabled veteran, and was not caused a, or a 100% service-connected disability for a non-
	d veteran for the immediately preceding taxable year
<ul> <li>The disabled veteran must submit this application disabled veteran seeks to receive the property tax</li> </ul>	x credit. The disabled veteran must include with the arge from active-duty military service, and certification
REQUIRED: Please answer the following questions to receive the	e Property Tax Credit- Disabled Veterans
) Is the Property occupied by more than 2 families?	Disabled Veteran's Disability as a Permanent or Nonpermanent
Affairs:%	
) Please enter the Disabled Veteran's Adjusted Gross Income from t	
REQUIRED ATTACHMENTS: (Must be submitted with this ap	plication to receive the Property Tax Credit)
) Disabled Veterans DD-214 indicating discharge under honorable of Certification of the Disabled Veterans disability from the US Depart Copy of 2023 Federal Income Tax Return (SSN can be redacted by	artment of Veterans Affairs (must indicate percentage of disability)
f all three of the Required Documents are not submitted, the Ap	plication will not be processed.
By signing this application, I declare under the penalties of perjury, pursuant to Section 1-201, Tax Property Article of the Annotated Code of Maryland, that this application (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete application.	

Date \_\_

Signature of Disabled Veteran