

2026 APPLICATION FOR PROPERTY TAX BENEFIT FOR VETERANS WITH 100% SERVICE-CONNECTED DISABILITY

Complete all of the following fields and attach support documents.

You must file this application with your county assessor by April 15, 2026.

| | | | | | |
|---|--|--|--|---|--|
| County | | Code area | | Parcel number | |
| Section A. 1. Ownership information (Name, address and ZIP Code) <div> <div>Claimant</div> <div>Spouse</div> </div> | | | | Section B. Eligibility status as of January 1, 2026: <div> <input type="checkbox"/> Veteran with 100% service-connected disability (SCD) (Attach a current letter from the U.S. Department of Veterans Affairs.) <input type="checkbox"/> Widow(er) (not remarried) of a qualifying veteran with a 100% SCD who qualified: Full name of veteran: _____ Veteran's date of death: _____ (Please include veteran's Social Security number and date of birth in Section A, under Spouse lines 2 and 3.) </div> | |
| 2. Social Security number | | Social Security number | | 9. Did you rent out any part of this property in 2025? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | |
| 3. Date of birth (mm/dd/yyyy) | | Date of birth (mm/dd/yyyy) | | 10. If applicable, list the percentage of this property you used for business or commercial use in 2025. _____% | |
| 4. Did you receive this benefit in 2025? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | I certify that my Social Security number and birthdate are correct. <input type="checkbox"/> | |
| 5. Physical address of the property if different from the ownership information: _____ | | | | I certify that I'm a citizen or legal permanent resident of the United States, or <input type="checkbox"/> I certify that I'm in the United States legally. <input type="checkbox"/> | |
| 6. Did you occupy this property as your primary residence before April 15, 2026? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | Under penalty of perjury, I certify that to the best of my knowledge the information I have provided here is true, correct, and complete. | |
| 7. Have you requested this benefit on a different primary residence between January 1, 2026 and now? Where? _____ <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | I grant permission to any government agency or contractor to confirm my status to the Idaho State Tax Commission. | |
| 8. Are you filing for any other 2026 Property Tax Reduction benefits? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> | | | | (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | | | | Claimant(s) (please print) _____ Date _____ | |
| | | | | Signature(s) and relationship _____ Telephone number _____ | |
| FOR COUNTY USE ONLY | | | | | |
| Attached documents: <input type="checkbox"/> Current VA letter <input type="checkbox"/> Property Tax Reduction application (if submitted) | | New Claimants: <input type="checkbox"/> Deed or title <input type="checkbox"/> Veteran's death certificate (if applying as surviving spouse) | | <div> Check all that apply: <input type="checkbox"/> Single family <input type="checkbox"/> Multi dwelling _____% <input type="checkbox"/> Multi use _____% </div> <div> <input type="checkbox"/> Sole owner <input type="checkbox"/> Community property <input type="checkbox"/> Partial ownership _____% <input type="checkbox"/> Trust or life estate <input type="checkbox"/> LP, LLC or corp. </div> | |
| Tax reduction not to exceed: \$1,500 | | Date: | | Overall claimant percentage of ownership/use _____% I _____ certify that the _____ County Assessor or Deputy Assessor Veterans Property Tax benefit is only applied to the claimant's eligible portion of the net taxable value. | |

Email: _____