

**NEW MEXICO DEPARTMENT OF VETERANS' SERVICES  
APPLICATION FOR CERTIFICATE OF ELIGIBILITY  
FOR VETERANS' TAX EXEMPTION**

**OR  
DISABLED VETERAN PROPERTY TAX WAIVER**

**Application is being made for:**

**Veterans Tax Exemption  and or Disabled Veteran Tax Waiver**

**FOR OFFICIAL USE ONLY  
Veteran Exemption #**

**FOR OFFICIAL USE ONLY  
Disabled Waiver #**

***If applying for Disabled Veteran Waiver, please see box #5.  
Please print, use ink or typewriter to complete all items. Please read information on the reverse side of this application. Do not complete this form if you have already applied for and received an original Veterans' Certificate of Eligibility Certificate. If an original certificate has been lost, destroyed, or stolen, please refer to DVS Form entitled, "Affidavit of Loss of Veterans' Tax Exemption Certificate".***

**1. NAME OF APPLICANT (LAST, FIRST, MIDDLE)**  VETERAN  SURVIVING SPOUSE

**2. ADDRESS (NUMBER AND STREET, CITY, STATE, ZIP)** **PHONE NUMBER**

**3. NAME OF VETERAN (TO CORRESPOND WITH NAME ON DISCHARGE)**

**4. ACTIVE DUTY**

BRANCH	DATES OF SERVICE		PLACE OF ENTRY	PLACE OF SEPARATION	SERVICE NUMBER	SSN
	Entered	Separated				

**5. IF APPLYING FOR DISABLED VETERAN WAIVER, PLEASE PROVIDE THE FOLLOWING:  
VETERANS CLAIM NUMBER: \_\_\_\_\_ DATE AWARDED 100% \_\_\_\_\_**

**6. IF APPLICATION IS BEING MADE BY UNREARRIED SURVIVING SPOUSE:  
DATE OF DEATH \_\_\_\_\_ PLACE OF DEATH \_\_\_\_\_**

**7. HAVE YOU REMARRIED SINCE THE DEATH OF THE VETERAN LISTED ABOVE:  
 YES  NO**

**8. GIVE DATE OF LEGAL RESIDENCE IN THE STATE OF NEW MEXICO**

**9. CERTIFICATION OF APPLICANT**

I CERTIFY THAT ALL STATEMENTS MADE BY ME ON THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF. I UNDERSTAND THAT IN THE EVENT I HAVE KNOWINGLY AND WILLFULLY MADE ANY FALSE STATEMENTS, I WILL BE LIABLE TO PUNISHMENTS IN ACCORDANCE WITH ALL APPLICABLE STATE AND FEDERAL LAWS.

\_\_\_\_\_  
SIGNATURE DATE

**10. CERTIFICATION OF AUTHORIZED OFFICIAL (TO BE USED BY AUTHORIZED DVS EMPLOYEE ONLY)**

I CERTIFY THAT EVIDENCE OF THE TRUTH OF THE FOREGOING STATEMENTS OF APPLICANT HAS BEEN PRESENTED TO ME AND THAT I AM SATISFIED THE STATEMENTS ARE TRUE. THIS EVIDENCE CONSISTS OF THE FOLLOWING INSTRUMENTS AND WRITINGS:

\_\_\_\_\_  
SIGNATURE DATE DOCUMENTS VIEWED \_\_\_\_ DD 214 \_\_\_\_ 100% Ltr \_\_\_\_ D/C \_\_\_\_ PIT 1 \_\_\_\_ voter registration

**ATTENTION APPLICANTS;  
PLEASE REFER TO THE REVERSE SIDE OF THIS FORM FOR INSTRUCTIONS AND INFORMATION THAT MUST ACCOMPANY THIS APPLICATION**

## INFORMATION TO VETERANS

**YOU ARE ELIGIBLE FOR BENEFITS UNDER THE PROVISIONS OF CHAPTER 7, SECTION 7-37-5, NEW MEXICO LAWS OF 1978, AS AMENDED BY CHAPTER 68 LAWS OF 1992.**

**IF**

1. You have been honorably discharged from Active Duty in the Armed Forces of the United States with a minimum of 90 days of active duty other than for training
2. You are a legal resident of New Mexico.

**YOU ARE ELIGIBLE FOR BENEFITS UNDER THE PROVISIONS OF ARTICLE 8, SECTION 15 OF THE STATE CONSTITUTION; CHAPTER 7, SECTION 7-36-7, SECTION 7-38-17, AND SECTION 7-38-18, NMSA 1978 (2000 REPL. PAMP.)**

**IF**

1. You have been honorably discharged from Active Duty in the Armed Forces of the United States
2. You have been rated 100% Service-Connected disabled (permanent and total)
3. You are a legal resident of New Mexico

### INFORMATION FOR UNREARRIED SPOUSE OF VETERANS

You are entitled to the above benefits if you are the unremarried spouse of a veteran who served under the conditions outlined in the information shown above or if you are an unremarried widow or widower of a veteran who died in service under the conditions cited above, and you are a legal resident of the state of New Mexico.

### APPLICATION

**Veterans:** Application must be forwarded, together with a copy of DD 214 (Report of Separation) or equivalent Department of Defense document, and proof of residency to and a copy of the official Dept of Veterans Affairs award letter showing service-connection rating of 100%

**Widows:** Application must be forwarded, together with a copy of veteran's DD 214, copy of Death Certificate, and proof of residency to the address listed above.

**It is the policy of this office to accept ONLY one of the following as proof of residency:**

- (1) Copy of Voter's Registration;  
(2) Latest copy of N.M. Income Tax Return; (3) a copy of your New Mexico Drivers License or ID;  
or(4) Two Notarized statements  
from individuals who will verify residency.**

**Any Department of Defense Document, which is submitted in lieu of a DD 214 which does not verify dates and length of service will not be accepted.**

*NEW MEXICO DEPARTMENT OF VETERANS' SERVICES  
P.O. BOX 2324  
SANTA FE, NM 87504-2324*

### PENALTY

The Department may cancel any certificate of eligibility heretofore issued when it shall, after hearing upon written notice, shall determine that any material statement in the application is false.

Section 7-38-17H of the law provides a penalty, which states in part as follows: "any person ... intentionally claiming and receiving the benefit of an exemption to which he is not entitled ... is guilty of a misdemeanor and shall be punished by a fine of not more than one-thousand dollars (\$1,000.00)".