



CARSON CITY ASSESSOR'S OFFICE
201 N. CARSON ST., STE #6
CARSON CITY, NV 89701
(775) 887-2130

VETERAN or DISABLED VETERAN
Application for Personal Exemption

NAME: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE NUMBER: _____

EMAIL: _____

1. I established actual bona fide residency in the State of Nevada per NRS 361.015. **Initial:** _____
2. I understand my application for exemption must be filed in the county in which I reside. **Initial:** _____
3. I have not claimed an exemption in any other county in Nevada for the current fiscal year. **Initial:** _____
4. I understand that I must immediately report any change of mailing or physical address to the Carson City Assessor's Office. **Initial:** _____
5. I entered active-duty service of the United States on _____, _____ (year), and I was honorably discharged on _____ (year).

_____ I claim a **Veteran Exemption** exempting property in Carson City from Taxation under the provisions of NRS 361.090. **2024/2025 assessed valuation amount is \$3,440 which corresponds to \$137.00 off the governmental service tax.**

_____ I claim a **Disabled Veteran Exemption** exempting property in Carson City from taxation under the provisions of NRS 361.091 to the extent of assessed valuation per fiscal year as shown below.

2024/2025: _____ (100% permanent service connected disability) \$34,400 (AV) = (\$1,376.00 DMV).
 _____ (80-99% permanent service connected disability) \$25,800 (AV) = (\$1,032.00 DMV).
 _____ (60-79% permanent service connected disability) \$17,200 (AV) = (\$688.00 DMV).

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.

Signed: _____ Date: _____

Witnessed By: _____ Gave voucher: _____ Send voucher: _____