



Dear Resident,

Please read the enclosed information very carefully to determine if you qualify for the 100% Disabled Veterans Exemption. If you feel that you qualify, please submit the required documentation to our office.

The Affidavit for Disabled Veterans Exemption and documentation is required to be submitted **annually** between January 1 and the second Monday in December of the year in which the relief is sought. If you have any questions, please feel free to contact our office at (248) 846-6530.

Sincerely,

Assessing Department  
Springfield Township

## 100% DISABLED VETERANS -- 100% PROPERTY TAX EXEMPTION QUALIFICATIONS

ACT NO. 161  
EFFECTIVE 11-12-13  
MCL 211.7b amended

May be known/cited as the "Dannie Lee Barnes Disabled Veteran Property Tax Relief Act"

### Short Recap of Sec. 7b changes:

This relates to:

- (1) Real property used and owned as a homestead by a 100% disabled veteran who was discharged from the armed forces of the U.S. under honorable conditions or surviving spouse described in Sec 2.  
Contiguous property is not eligible.

The affidavit shall be filed at the local assessing office by the property owner or their legal designee. The affidavit is filed with the assessing office between tax day for each year (December 31<sup>st</sup>) and ending at the final adjournment of the December Board of Review.

Taxes will be exempt for any year in which a 100% disabled veteran eligible for this exemption has acquired title to real property exempt under this section.

- (2) If a 100% disabled veteran who is otherwise eligible for an exemption dies, either before or after the exemption is granted, the exemption shall remain available to or shall continue for their un-remarried surviving spouse. That spouse must be a resident of Michigan and who owns and uses the home as their homestead. The surviving spouse shall comply with the requirements and shall indicate on the affidavit that they are the surviving spouse entitled to the exemption. The exemption shall continue as long as the surviving spouse remains un-remarried.
- (3) "Disabled Veteran" means a person who is a resident of this state and who meets (1) one of the following criteria:
  - a) Has been determined by the U.S. Department of Veterans Affairs to be permanently and totally disabled as a result of military service and entitled to veterans' benefits at the 100% rate.
  - b) Has a certificate from the U.S. Veterans Administration certifying that they are receiving or has received financial assistance due to disability for specially adapted housing.
  - c) Has been rated by the U.S. Department of Veterans Affairs as individually unemployable.

An Affidavit is available at the Springfield Township Assessing Department located at 12000 Davisburg Rd, Davisburg, MI 48350 or on our township website at [www.springfield-twp.us](http://www.springfield-twp.us) under Assessing Department and "Printable Forms". The phone number to the Assessing Department is (248) 846-6530.

If you are in need of a Summary of Benefits Letter, or a certificate from the Veterans Administration office, their toll free number is 1-800-827-1000 and they can assist you in getting copies.

**We must receive the completed Exemption form and all necessary documentation no later than the second Monday in Dec.**

# State Tax Commission Affidavit for Disabled Veterans Exemption

Issued under authority of Public Act 161 of 2013, MCL 211.7b. Filing is mandatory.

**Instructions:** This form is to be used to apply for an exemption of property taxes under MCL 211.7b, for real property used and owned as a homestead by a disabled veteran who was discharged from the armed forces of the United States under honorable conditions or his or her unremarried surviving spouse. The property owner, or his or her legal designee, must annually file the Affidavit with the supervisor or assessing officer any time after December 31 and before, or until the conclusion of, the December Board of Review.

<b>OWNER INFORMATION</b> (Enter information for the disabled veteran or unremarried surviving spouse)		
Owner's Name		Owner's Telephone Number
Owner's Mailing Address		
City	State	ZIP Code
<b>LEGAL DESIGNEE INFORMATION</b> (Complete if applicable)		
Legal Designee Name		Daytime Telephone Number
Mailing Address		
City	State	ZIP Code
<b>HOMESTEAD PROPERTY INFORMATION</b> (Enter information for the property in which the exemption is being claimed)		
City, Township or Village (Check the appropriate box and provide the name) <input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village		
County	Name of the Local School District	
Parcel Identification Number	Date the Property was Acquired (MM/DD/YYYY)	
Homestead Property Address		
City	State	ZIP Code
<b>ACKNOWLEDGEMENT</b> (Check all boxes that apply)		
<input type="checkbox"/> I am a disabled veteran, or the legal designee of the disabled veteran, who was discharged under honorable conditions from the armed forces of the United States of America with a service connected disability.		
<input type="checkbox"/> I am the unremarried surviving spouse, or the legal designee of the unremarried surviving spouse, of a disabled veteran who was discharged under honorable conditions from the armed forces of the United States of America with a service connected disability.		
<input type="checkbox"/> I am a Michigan resident.		
<input type="checkbox"/> I own the property in which the exemption is being claimed and it is used as my homestead. Homestead is generally defined as any dwelling with its land and buildings where a family makes its home.		
<b>AFFIRMATION OF ELIGIBILITY</b> (Check the appropriate box and provide a copy of the required documentation)		
<input type="checkbox"/> The disabled veteran has been determined by the United States Department of Veterans Affairs to be permanently and totally disabled as a result of military service and entitled to veterans' benefits at the 100% rate (must attach a copy of the letter from the U.S. Department of Veterans Affairs).		
<input type="checkbox"/> The disabled veteran is receiving or has received pecuniary assistance due to disability for specially adapted housing (must attach a copy of the certificate from the U.S. Department of Veterans Affairs).		
<input type="checkbox"/> The veteran has been rated by the United States Department of Veterans Affairs as individually unemployable (must attach a copy of the letter from the U.S. Department of Veterans Affairs).		
<b>CERTIFICATION</b>		
<i>I hereby certify to the best of my knowledge that the information provided in this Affidavit is true and I am eligible to receive the disabled veteran's exemption from property taxes pursuant to Michigan Compiled Law, Section 211.7b.</i>		
Printed Name of Owner or Legal Designee		Title of Signatory
Signature of Owner or Legal Designee		Date

DESIGNEE MUST ATTACH LETTER OF AUTHORITY