



SPRINGFIELD
CHARTER TOWNSHIP

Dear Resident,

Please read the Disabled Veterans Exemption Frequently Asked Questions (FAQ) to determine if you qualify for the 100% Disabled Veterans Exemption. The Affidavit for Disabled Veterans Exemption and your current Veterans Summary of Benefits letter must be submitted **annually**, after December 31st of the prior year and before the conclusion of the December Board of Review of exemption year being requested.

If you qualify, please submit the required documentation to the township office at the address below. Disabled Veteran Exemption applications are reviewed at the March, July, and December Board of Review meetings. To have exemptions reflected on the current year's summer tax bill, please submit your paperwork by March 1st or by July 1st for the winter tax bill. Applications can be submitted any time in the current year before the conclusion of the December Board of Review, but to avoid receiving a non-exempt tax bill and refund on paid taxes, please apply before the previously listed dates.

If you have any questions, please feel free to contact our office at (248) 846-6532 or Oakland County Assessing at (248) 846-6530.

Sincerely,

Assessing Department
Springfield Township

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.

OWNER INFORMATION (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
LEGAL DESIGNEE INFORMATION (Complete if applicable)		
Legal Designee Name		Daytime Telephone Number
Mailing Address		
City	State	ZIP Code
HOMESTEAD PROPERTY INFORMATION (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
ACKNOWLEDGEMENT (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.		
AFFIRMATION OF ELIGIBILITY (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).		
CERTIFICATION		
<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