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. SERVICE DATES

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

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

6. IF APPLICATION IS BEING MADE BY UNREMARRIED 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:

_____DOCUMENTS VIEWED _____DD 214 _____100% Ltr _____ D/C _____PIT 1 ____voter registration
SIGNATURE DATE

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 6 LAWS of 2012 if:

You have been honorably separated from military service of the United States and served continuously for a period of 90 or more days. If discharged with less than 90 days service, such discharge must have been as a result of service incurred disability;

OR

United States Public Health Service Commissioned Corps or the National Oceanic and Atmospheric Administration Commissioned Officer Corps who served in the capacity of a commissioned officer while on active duty in defense of the United States; or

You have been honorably discharged from service in the Army, Navy, Air Force, Marine Corps, or Coast Guard Reserves, Army or Air National Guard with a minimum of six years of continuous service;

AND

You are a legal resident of the State of New Mexico.

Your benefits are forfeited upon becoming a resident of another state.

INFORMATION FOR UNREMARRIED SPOUSE OF VETERANS

You are entitled to the above benefits if you are the un-remarried surviving spouse of a veteran who served under the conditions outlined in the information shown above or if you are an un-remarried 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: Completed application must be forwarded, together with a copy of DD 214 (Report of Separation) for veterans or Reserve Members; NGB 22 for National Guard Members; NOAA Form 56-16 for Commissioned Officers discharged from NOAA; and PHS Form 1867 for Uniformed Officers discharged from PHS, or equivalent Department of Defense document, and proof of residency.

Widows: Application must be forwarded, together with a copy of veteran's DD 214,NGB 22, NOAA 56-16, PHS 1867, or an equivalent Department of Defense document, a copy of Death Certificate, and proof of residency to the address listed below.

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 current 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 be not be accepted.******

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)".

New Mexico Department of Veterans Services
PO BOX 2324
Santa Fe, NM 87504-2324