

For Office Use Only

Name of applicant _____ Assessment year _____

Assessor's signature _____ Date _____

Approved

Denied

CR-DVPFC

Market Value Exclusion on Homestead of Disabled Veteran's Primary Family Caregiver

Applications are due by July 1. Read instructions before completing.

| | | | | | | | | |
|-----------------------|--|--|--------------------|--|----------|------------------------|--------|--|
| Property Owner | Last Name | | First Name | | M.I. | Social Security Number | | |
| | Spouse's First Name | | Spouse's Last Name | | M.I. | Social Security Number | | |
| | Address (Cannot be a P.O. Box Number) | | | | | Date of Birth | | |
| | City | | State | | Zip Code | | County | |
| | Property ID Number (from property tax statement) | | | | | | | |
| | <p>Check one: Is this property your homestead?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> | | | | | | | |

Check one: I am approved by the secretary of the United States Department of Veterans Affairs for assistance as the primary provider of personal care services for the veteran listed on this application who is an eligible veteran under the Program of Comprehensive Assistance for Family Caregivers, codified as United States Code, title 38, section 1720G.

Yes No

| | | | | | | | | |
|----------------------------|--|--|----------------------|--|----------|--|--------|--|
| Veteran Information | Veteran's Last Name | | Veteran's First Name | | M.I. | Social Security Number | | |
| | Address | | | | | Date of Birth | | |
| | City | | State | | Zip Code | | County | |
| | <p>Check all boxes that apply. The veteran must have a U.S. Government Form DD214 or other official military discharge papers, and must be certified by the U.S. Department of Veterans Affairs (VA) as having a service-connected disability of 70 percent or more.</p> <p>Check if:</p> <p><input type="checkbox"/> The veteran has been certified by the United States VA as having service-connected disability of 70 percent or more. I have attached documentation supporting this statement.</p> <p><input type="checkbox"/> The veteran has been certified by the United States VA as having a permanent service-connected disability of 100 percent. I have attached documentation supporting this statement.</p> | | | | | | | |
| | I have attached the appropriate documentation certifying that the veteran has been honorably discharged. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | I have attached the VA Caregiver Support Approval Letter verifying that I am the veteran's Primary Family Caregiver. | | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| | | | | | | |
|------------------|--|--|---------------------|--|------|---------------|
| Sign Here | <i>I declare all information on this form is true, correct, and complete to the best of my knowledge and belief.</i> | | | | | |
| | Signature of Applicant | | Signature of Spouse | | Date | Daytime Phone |

Please mail completed application and required attachments to your county assessor.

Form CR-DVPFC Instructions

Who is Eligible?

You may be eligible for a market value exclusion of up to:

- \$150,000 if you are the primary family caregiver of a United States military veteran with a service-connected disability of 70 percent or more, or
- \$300,000 if you are the primary family caregiver of a United States military veteran with a permanent and total (100 percent) service-connected disability.

You must be able to verify honorable discharge status of the veteran from the United States armed forces as indicated by U.S. Government Form DD214 or other official military discharge papers. You must also be able to verify that the veteran is certified by the United States Department of Veterans Affairs as having service-connected disability.

Homestead Property

This application is not a substitute for a homestead application. You must apply for and be granted homestead on a qualifying property prior to applying for this market value exclusion.

How to Apply

Complete the entire application fully and legibly. Attach all proper documentation. Mail the application and the required documentation to your county assessor by July 1 of the current year to be eligible for exclusion in the next payable tax year.

If you are married and you own your home jointly, both you and your spouse must sign the form.

Required attachments

Please attach official military discharge papers (United States Government Form DD214 or other) to verify that the veteran has been honorably discharged from the United States Armed Forces. Please also attach any forms that verify the veteran's service-connected disability status as certified by the United States Department of Veterans Affairs, along with documentation that you are the veteran's primary family caregiver in the form of a letter from the VA Caregiver Support.

Use of Information

The information on this form is required by Minnesota Statutes, section 273.13 to properly identify you and determine if you qualify for this market value exclusion. Your Social Security number is required. If you do not provide the required information, your application may be delayed or denied. Your County Assessor may also ask for additional verification of qualifications. Your Social Security number is considered private data.

Penalties

Making false statements on this application is against the law. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison.

Additional Resources

Your county's Veterans Service Office and Assessor's Office should be able to assist you with properly filling out this form. A fact sheet may be found on the Department of Revenue's website at www.revenue.state.mn.us.