

# WASHINGTON COUNTY MARYLAND APPLICATION FOR DISABLED VETERANS TAX CREDIT PROGRAM

This form seeks information for the purpose of applying for a disabled veteran's real estate property tax credit on the indicated property. If granted, the property tax credit shall equal a percentage of the amount of Washington County property tax imposed on the dwelling house that is equal to the percentage of the disabled veteran's service-connected disability rating. Failure to provide this information will result in denial of your application. However, some of this information would be considered a "personal record" as defined in State Government Article, §10-624. Consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the Maryland Department of Veterans Affairs is not generally available for public review. However, this information is available to officers of Washington County Maryland in their official capacity and to taxing officials of any State or the federal government, as provided by statute.

## STEP 1: TO BE COMPLETED BY THE PROPERTY OWNER

Full Name of Titled Owner: \_\_\_\_\_

Legal Residence of Disabled Veteran: \_\_\_\_\_

Location and description of property: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Deed Reference: \_\_\_\_\_ / \_\_\_\_\_

*I declare under the penalties of perjury, pursuant to Section 1-201, Tax Property Article, of the Annotated Code of Maryland, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return. In affixing my signature to this application, I hereby grant permission to the Maryland Department of Veterans Affairs to release medical and other record information to Washington County Maryland.*

Signature of Veteran \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**REQUIRED: Please attach a copy of the disabled veteran's Honorable Discharge or DD-Form 214.**

## STEP 2: TO BE COMPLETED BY THE VETERANS BENEFITS ADMINISTRATION

**MAIL TO: Veterans Benefits Administration PHONE: 410-230-4444**  
**31 Hopkins Plaza – Suite 1200 1<sup>st</sup> Floor**  
**Baltimore, MD 21201**

The United States Veterans Administration hereby certifies that the above named veteran has been declared by the Veterans Administration to have a service-connected disability, which was not incurred through misconduct; that the said disability is \_\_\_\_\_% disabling, permanent in character, and reasonably certain to continue throughout the life of said veteran.

The character of the disability is as follows: \_\_\_\_\_

Effective Date of Disability \_\_\_\_\_

Adjudication/Service Officer Name \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## STEP 3: VETERANS BENEFITS ADMINISTRATION MUST RETURN FULLY COMPLETED FORM AND HONORABLE DISCHARGE (DD-FORM 214) TO:

**Washington County Treasurer**  
**35 West Washington Street – Suite 102**  
**Hagerstown, MD 21740 -4868**

**PHONE: 240-313-2110**

# WASHINGTON COUNTY MARYLAND APPLICATION FOR DISABLED VETERANS TAX CREDIT - SURVIVING SPOUSE

This form seeks information for the purpose of applying for a disabled veteran's real estate property tax credit (Spousal Benefit) on the indicated property. If granted, the property tax credit shall equal a percentage of the amount of Washington County property tax imposed on the dwelling house that is equal to the percentage of the disabled veteran's service-connected disability rating. Failure to provide this information will result in denial of your application. However, some of this information would be considered a "personal record" as defined in State Government Article, §10-624. Consequently, you have the statutory right to inspect your file and to file a written request to correct or amend any information you believe to be inaccurate or incomplete. Additionally, personal information provided to the Maryland Department of Veterans Affairs is not generally available for public review. However, this information is available to officers of Washington County Maryland in their official capacity and to taxing officials of any State or the federal government, as provided by statute.

## STEP 1: TO BE COMPLETED BY THE PROPERTY OWNER

Full Name of Titled Owner: \_\_\_\_\_

Legal Residence of Disabled Veteran at time of death: \_\_\_\_\_

Location and description of property: \_\_\_\_\_

Account Number: \_\_\_\_\_ Date Acquired: \_\_\_\_\_ Deed Reference: \_\_\_\_\_ / \_\_\_\_\_

*I declare under the penalties of perjury, pursuant to Section 1-201, Tax Property Article, of the Annotated Code of Maryland, that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete return, and that I am the unmarried spouse of the veteran, and that the above address is my primary residence. In affixing my signature to this application, I also hereby grant permission to the Maryland Department of Veterans Affairs to release medical and other record information to Washington County Maryland.*

Signature of Surviving Spouse \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Social Security Number of Surviving Spouse \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

**REQUIRED: Please attach a copy of the disabled veteran's Honorable Discharge or DD-Form 214.**

## STEP 2: TO BE COMPLETED BY THE VETERANS BENEFITS ADMINISTRATION

**MAIL TO: Veterans Benefits Administration PHONE: 410-230-4444**  
**31 Hopkins Plaza – Suite 1200 1<sup>st</sup> Floor**  
**Baltimore, MD 21201**

The United States Veterans Administration hereby certifies that the above named veteran prior to death was declared by the Veterans Administration to have a service-connected disability, which was not incurred through misconduct; that the said disability was \_\_\_\_\_% disabling, permanent in character, and reasonably certain to have continued throughout the life of said veteran.

The character of the disability is as follows: \_\_\_\_\_

Effective Date of Disability \_\_\_\_\_

Adjudication/Service Officer Name \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City State Zip Code: \_\_\_\_\_

## STEP 3: VETERANS BENEFITS ADMINISTRATION MUST RETURN FULLY COMPLETED FORM AND HONORABLE DISCHARGE (DD-FORM 214) TO:

**Washington County Treasurer**  
**35 West Washington Street – Suite 102**  
**Hagerstown, MD 21740 -4868**

**PHONE: 240-313-2110**