



**DISABLED VETERANS'
REAL ESTATE TAX EXEMPTION PROGRAM
APPLICATION FOR EXEMPTION FROM REAL PROPERTY TAXES**

Every blank must have an entry or the application will be returned. No determination can be made until all required information is provided.

Important Facts to Remember when Applying:

Type or Print clearly all requested information

The affidavit at the end of the application must be processed through your local County Director for Veterans' Affairs

New Applications must be Date Stamped by your County Tax Assessor's Office

Documents Required:

VA Form 3288 - With highlighted areas only filled out and signed - SEE ATTACHED

Copy of Property Deed

Military Discharge (DD 214) showing wartime service

Marriage Certificate (Surviving Spouse application only)

Veteran's Death Certificate (Surviving Spouse application only)

Income Verification Documentation Required (if Applicable):

1040 Federal Income Tax Return (If you are required to file)

1040 Schedules: C (Business); D (Capital Gains); E (Rental Income); F (Farm Income)

7i ffYbhiJA Compensation @/Hf'cf'6 Ub_`GHUya Ybh

7 ca VUhiFYUHX'GdYU'7 ca dYbgUjcb'f7 FG7 L'GHUya Ybh

Employment Income (most recent W-2)

Social Security Benefit Statement (Form SSA-1099)

Interest Income (Form 1099-INT)

Dividend Income (Form 1099-DIV)

Distribution from Pensions, Annuities, Retirement or Profit Sharing Plans, IRA's, Insurance Contracts, etc. Form 1099-R; 1099-MISC; 1099-C (Cancellation of Debt); W-2G (Gambling Earnings)

Expense Documentation Required

**** If the Claimant's income is greater than \$95,279 ****

** Authority: 51 Pa.C.S. Chapter 89. **

Privacy Act Statement.

Principal Purpose: This application form is the primary source of information to determine eligibility for the Real Property Tax Exemption Program for certain disabled veterans and their unmarried surviving spouses.

Routine Use: The information you provide will be used to review and determine your eligibility for exemption for real property taxes under Article 8, Section 2(c) of the Pennsylvania Constitution, 51 Pa.C.S. Ch. 89 and 43 Pa Code Ch.5 Sub-Chapter C. The information may be provided to federal, state and local agencies, including your local taxing authorities, in connection with review of your application.

Voluntary Disclosure: Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request.

Instructions for Completing the Application

General Information:

If you are a Veteran, Check the block for “Veteran”.

If you are a Surviving Spouse of a qualified Veteran, check the block “Surviving Spouse”.

If the Veteran was living during the last review period, but is now deceased, the Surviving Spouse must contact their local County Director of Veterans Affairs and complete a new application to transfer the benefit.

Section A: All information in this Section is REQUIRED.

Section B: All information in this Section is REQUIRED.

Section C: Eligibility Criteria: Check all blocks that apply.

Section D: Exemptions and Dependent Data: Members of Your Immediate Family Residing in the Household - List the names of all dependents, their relationship to the Veteran, and their date of birth. Children may be counted as dependents only until they are 18 years old unless they are in school on a full-time basis and under the age of 24, or they are unable to care for themselves.

Section E: Property Information: Check appropriate block(s). Does any portion of the property generate income?

Section F: Income: List gross annual income for the previous tax year. If the applicant is a Veteran with a Spouse, indicate the individual’s income in the appropriate columns. Yearly interest and/or dividend income earned from savings accounts, stocks, bonds, annuities, trust funds or other securities are also required. No adjustments to, or deductions from, income will be authorized in determining applicability of the rebuttable presumption. Attach the required income verification documentation listed in the Required Documents column.

Income defined in 43 Pa Code § 5.22 is as follows: salaries, wages, bonuses, commissions, income from self-employment, support money, cash public assistance and relief; the gross amount of pensions or annuities, including railroad retirement benefits; benefits received under the Social Security Act except Medicare benefits; benefits received under state unemployment insurance laws and Veterans’ disability payments; interest received from the federal or state government or an instrumentality or political subdivision thereof; realized capital gains; rentals; workmen's compensation and the gross amount of loss-of-time insurance benefits and proceeds except the first \$5,000 of the total of death benefit payments; and gifts of cash or property other than transfers by gift between members of a household in excess of a total of \$300. This term does not include surplus food or other relief in kind supplied by a governmental agency. Income from savings accounts and bonds shall be included as well as interest received from investments.

Section G: Expenditure Documentation - If the applicant’s annual income exceeds \$ 95,279, this section must be completed. All financial entries on the application require documentation in the form of a copy of a bill, receipt, or invoice for expenses incurred within the tax period being evaluated. Only one recent bill is necessary for those expenses that recur each month, e.g. mortgage. Receipts and bills should be organized by category.

Section H: Affidavit: This section must be Dated, Signed by the Claimant and the County Director of Veterans’ Affairs or Designated County VSO.

VA Form 3288 – Veteran need only complete the highlighted areas. VA Form 3288 must be submitted with the Application for Determination of Financial Need.



pennsylvania
DEPARTMENT OF MILITARY
AND VETERANS AFFAIRS

Office of the Deputy Adjutant General for Veterans Affairs
Ft. Indiantown Gap, Annville, PA 17003-5002
800-547-2838

New Application

Review Application

New Applications Require a
Date Stamp by Your **County**
Tax Assessment Office here.

APPLICATION FOR DETERMINATION OF FINANCIAL NEED FOR REAL PROPERTY TAX EXEMPTION

APPLICANT: Are you the **Veteran** or **Spouse** (All Information in Section A and B is Required)

APPLICANT DATA				V.A. Claim #	
A	Veteran's Last Name	First Name	M/I	Social Security # (Required)	
Property Address				Birth Date: (Mo) (Day) (Year)	
Mailing Address			Email Address		
City		State	Zip +4	County	Phone
B	Spouse's Last Name	First Name	M/I	Social Security #	
Current Address You Occupy				Birth Date: (Mo) (Day) (Year)	
City		State	Zip +4	County	Phone

C	ELIGIBILITY CRITERIA				
1. Did the Veteran have Active Duty Service in any War or Armed Conflict in which the United States was engaged? <input type="checkbox"/> YES <input type="checkbox"/> NO					
2. As a result of such service is the Veteran rated total or 100% permanently disabled by the U.S. Department of Veterans' Affairs? <input type="checkbox"/> YES <input type="checkbox"/> NO					
3. If deceased, was the Veteran rated total or 100% permanently disabled (service-connected) by the U.S. Department of Veterans' Affairs during his lifetime? YES NO					
4. As a result of such Military Service is the Veteran blind or paraplegic or has he sustained the loss of two or more limbs? <input type="checkbox"/> YES <input type="checkbox"/> NO					

D	DEPENDENT AND EXEMPTION DATA				
Is the Veteran <input type="checkbox"/> Age 65 or Older <input type="checkbox"/> 100% Disabled <input type="checkbox"/> Blind <input type="checkbox"/> Paraplegic <input type="checkbox"/> Double Amputee					
Is the Spouse <input type="checkbox"/> Age 65 or Older					

List members of your immediate family residing in the household (except the spouse listed in Section B) who are dependents

NAME	RELATIONSHIP	BIRTHDATE

E**PROPERTY INFORMATION**

Under Section 8902 of the Military and Veterans Code, 51 Pa. C.S. § 8902 (3) provides that the dwelling must be owned by that person solely, with his or her spouse or as an estate by the entireties.

1. Is the property titled in the applicant's name solely? OR YES NO
2. Is the property titled jointly in the Veteran's and spouse's names? YES NO
3. Is the property occupied as the principal dwelling by the person seeking the exemption? YES NO
4. Does any portion of the property generate income (if yes please explain below) YES NO

5. Do you own any other real estate that you do not occupy? YES NO
6. If Yes to question 5
- a. Non—Rental Address: _____
- b. Rental Income: provide annual amount of rent in the appropriate block in Section F (1040 Schedule E).
- Address of rental property (s): _____

F**INCOME**

Are you exempt from filing Income Taxes (Form 1040)? YES NO

Do you affirm that your gross annual income is less than \$ 95,279? YES NO

Source of Information	Required Documents If Applicable	Veteran's Income	Spouse's Income
VA Compensation	VA Compensation Rate		
Social Security	SSA—Form 1099		
Gross Employment Income	Form W2		
Civil Service Annuity	Form 1040 Tax Return		
Retirement/Pension	Form 1099-R		
Blind/Paralyzed Pension			
Rent from Property (Schedule E)	Lease Agreement/Form 1040		
Gifts, Inheritance & Death Benefits			
Yearly Interest (Schedule B)	Form 1099—INT		
Yearly Dividends (Schedule B)	Form 1099—DIV		
Yearly Capital Gains (Schedule D)	Form 1040 Tax Return		
Other Income (1099-MISC, 1099-C, W2G)	Form 1040 Tax Return		
TOTAL INCOME		\$	\$

Supporting documentation for all income is required

G

EXPENDITURE DOCUMENTATION

IF THE APPLICANTS ANNUAL INCOME ALONE IS \$ 95,279 OR LESS, DO NOT COMPLETE THIS SECTION

MONTHLY EXPENSES

1. Mortgage Payment _____

(Indicate below costs included in mortgage payment)

Principal Interest Mortgage Ins. Taxes

2. Real Estate Tax _____

3. Loan Payments _____

4. Car Payment _____

5. Average Monthly Electric Power _____

6. Average Monthly Home Heating Fuel _____

7. Water _____

8. Sewage _____

9. Trash Removal _____

10. Telephone _____

11. Domestic Help _____

12. Educational Costs _____

13. Home Improvement (s) Over \$200 _____

14. Major Purchases Over \$200 (includes car bought for cash) _____

15. Medical Bills for Legal Dependents _____
(Form 1040 Schedule A)

16. Car Repairs (over \$100 not covered by insurance) _____

17. Lot Rental _____

18. Miscellaneous Bills _____

(Auto, Homeowner's, Health & Life Insurance Premiums;

Cable TV, Internet Service and Major Credit

Cards) _____

PLEASE ATTACH SUPPORTING DOCUMENTATION IN THE FORM OF RECEIPTS OR BILLS

H

AFFIDAVIT

READ THIS NOTICE BEFORE SIGNING

By signing this application, the applicant certifies that the information provided is true and correct to the best of his knowledge, information and belief. The law provides severe penalties including fines and imprisonment for making false statements on official forms such as this Application for Exemption from Real Property Taxes. I understand that this verification is made subject to the penalties of 18 Pa C.S.A. § 4904 pertaining to unsworn falsification to authorities.

THIS AFFIDAVIT MUST BE SIGNED BY THE APPLICANT:

Signature of Claimant

Date

Printed Name of Claimant

Processed By: _____
Signature of County Veterans' Affairs Director or Designated County VSO

Mail completed application to:

Office of Veterans Affairs
ATTN: Real Estate Tax Exemption
Bldg 9-26, Fort Indiantown Gap,
Annville, PA 17003-5002



Department of Veterans Affairs

REQUEST FOR AND CONSENT TO RELEASE OF INFORMATION FROM CLAIMANT'S RECORDS

Privacy Act Statement: The execution of this form does not authorize the release of information other than that specifically described below. The information requested on this form is solicited under Title 38, United States Code, and will authorize release of the information you specify. The information may also be disclosed outside VA as permitted by law to include disclosures as stated in the "Notices of Systems of VA Records" published in the Federal Register in accordance with the Privacy Act of 1974.

RESPONDENT BURDEN: VA may not conduct or sponsor, and respondent is not required to respond, to this collection of information unless it displays a valid OMB Control Number, The Privacy Act of 1974 (5 U.S.C. 552a) and VA's confidentiality statute (38 U.S.C. 5701 as implemented by 38 CFR 1.526 (a) and 38 CFR under any other provision of law. The information requested is approved under OMB Control Number 2900-0025 and is necessary to ensure that the statutory requirements of the Privacy Act and VA's confidentiality statute are met.

Responding to this collection of information is voluntary. However, if the information is not furnished, we may not be able to comply with your request. Public reporting burden for this collection of information is estimated to average 7.5 minutes per respondent, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing this burden, to the VA Clearance Officer (045A4, 810 Vermont Avenue, NW, Washington, DC 20420) SEND COMMENTS ONLY. DO NOT SEND THIS FORM OR REQUESTS FOR BENEFITS TO THIS ADDRESS.

TO	Department of Veterans Affairs	NAME OF VETERAN (Type or print)	
		VA FILE NO. (Include prefix)	SOCIAL SECURITY NO.

NAME AND ADDRESS OF ORGANIZATION AGENCY, OR INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Office of the Deputy Adjutant General for Veterans Affairs
Department of Military and Veterans Affairs
FTIG, Building 9-26
Annville, PA 17003-5002

Attn: Real Estate Tax Exemption
Phone 1-800-547-2838

VETERAN'S REQUEST

I hereby request and authorize the Department of Veterans Affairs to release the following information from the records identified above to the organization, agency, or individual named hereon:

NAME
Pennsylvania Veterans Affairs (010)

INFORMATION REQUESTED (Number each item requested and give the dates or approximate dates - period from and to - covered by each.)

THIS SECTION TO BE FILLED OUT BY U.S. DEPARTMENT OF VETERANS AFFAIRS

1. Discharged under honorable conditions: Yes No (Circle One)
2. Wartime service: Yes No (Circle One)
3. Does the veteran have a permanent 100% or permanent I.U. service-connected disability rating? Yes No (Circle One)
4. Does the veteran have any of the following service-connected disabilities:
 - BLIND – Visual acuity of 3/6 or 10/200 or less. Yes No (Circle One)
 - PARAPLEGIC –The bilateral paralysis of the upper or lower extremities of the body. Yes No (Circle One)
 - AMPUTEE -Loss of two or more limbs. Yes No (Circle One)
5. What was the total amount of compensation the veteran received in the year _____? \$ _____
6. If the veteran is deceased:
 - (a) What is the total amount paid the spouse for DIC in the year _____? \$ _____
 - (b) Was the veteran rated with a permanent 100% or permanent I.U. prior to death? Yes No (Circle One)
7. **Please provide a copy of the veteran's code sheet.**

Signature of US Dept of VA Representative _____

PURPOSE (S) FOR WHICH THE INFORMATION IS TO BE USED.

Pennsylvania Veterans' Real Estate Tax Exemption Program determination
 (Veteran Benefit under Title 51, Pa.C.S.)

MA-VA 3288 (2019)
all other versions
are obsolete

NOTE: Additional information may be listed on the reverse side of this form.

SIGNATURE OF INDIVIDUAL OR PERSON AUTHORIZED TO SIGN FOR INDIVIDUAL (Attach authority to sign, e.g., POA)

DATE