

**VETERANS TAX CREDIT APPLICATION**

**FOR HOMESTEAD PROTECTION THROUGH TAX CREDIT FROM THE PAYMENT OF REAL PROPERTY TAXES AS PROVIDED UNDER ACT NO. 6991 TWENTY-SEVENTH LEGISLATURE OF THE VIRGIN ISLANDS OF THE U.S., APPROVED MARCH 10, 2008.**

This form must be completed and returned to the Office of the Tax Assessor on or before January 1<sup>st</sup> of each taxable year.

Name:.....Address:.....

Parcel No:.....Social Security No:.....  
(Located on upper right hand of bill)

Have you been or are you now on active duty with any U.S. Military Organization.....

Branch of Service:.....

Date of Enlistment: From.....to.....

Type of Discharge:.....Rank and Pay Grade.....

Unit Designation:.....Are you Disabled.....

Cause and Extent:.....

.....

Designate below the owner- occupied property on which you claim Veterans Tax Credit pursuant to Act No. 6991					
STREET NO. OF HOUSE AND/OR LOT	NAME OF STREET OR ESTATE	NAME OF QTR	FOR OFFICE USE		
			DO NOT WRITE IN THIS SPACE		
			ONLY Assessment Exempted	Taxes Exempted	If not exempted State reason

Did you receive income from the above property by rental, lease or otherwise between January 1<sup>st</sup>, 20.... to January 1<sup>st</sup>, 20....

I, .....being duly sworn, say that the foregoing statement is correct and that, as Owner, Partner, Trustee, Administrator, Guardian, or Agent, I have been residing in the above described property in the District of .....

.....  
Signature

Subscribed and sworn to before me this.....day of....., 20.....

.....  
Notary Public

.....  
Assessor or Assignee