Brent Rutherford
Beauregard Parish Assessor
P.O. Box 477
DeRidder, LA 70634

Veterans with Service-Connected Disability

(Property must qualify for Homestead Exemption)

APPLICATION FOR TAX YEAR: _____

OWNER'S NAME: _____

MAILING ADDRESS: _____

PROPERTY ADDRESS: _____

OWNER'S BIRTH DATE: ___/___/___ OWNER'S SS#: XXX – XX - _____

A signed Louisiana Department of Veteran's Affairs Form A25 (*Revised 12.22*) must be accompanied with this form

Certification of service-connected disability rating of 50% or more as determined by the U.S. Department of Veterans Affairs, for the purpose of seeking a special assessment level under Article VII, Section 18 (G) of the Louisiana Constitution, on residential property owned and occupied by the Veteran.

For the purpose of seeking ad valorem taxation exemption under Article VII, Section 21(K) of the Louisiana Constitution, the person named above is:

☐ A Veteran with a service-connected total disability rating of **100%** by schedule or based on Individual Unemployability (temporary ratings under 38 CFR 4.28, 4.29, and 4.30 do not qualify) as determined by the U.S. Department of Veterans Affairs

☐ A Veteran with a service-connected total disability rating of **70%** to **99%** (temporary ratings under 38 CFR 4.28, 4.29, and 4.30 do not qualify) as determined by the U.S. Department of Veterans Affairs

☐ A Veteran with a service-connected total disability rating of **50%** to **69%** (temporary ratings under 38 CFR 4.28, 4.29, and 4.30 do not qualify) as determined by the U.S. Department of Veterans Affairs

A Veteran with income not exceeding $150,000.00 annually – qualifies for a freeze of their assessed value (must provide proof of income and in addition to this form complete the Disabled Homeowner's form)

I HAVE READ THE ABOVE INFORMATION AND CERTIFIY THAT THE INFORMATION REGARDING MY PERSONAL QUALIFICATIONS IS TRUE AND CORRECT. I UNDERSTAND THAT IT IS A CRIMINAL OFFENSE TO MAKE ANY FALSE STATEMENTS FOR THE PURPOSE OF PROCURING THIS EXEMPTION.

_____ _____
OWNER DATE

_____ _____
OWNER DATE

ASSESSOR'S OFFICE USE ONLY:

ASSESSMENT#: _____ SEC/TWP/RNG: _____ LAND VALUE: _____

SUBDIVISION: _____ BLOCK: _____ LOT: _____ IMPROVEMENT VALUE: _____