

**OTC
998-B**
Revised 11-2022

**State of Oklahoma
Application for 100% Disabled Veterans Exemption
Acquired Homestead Property**

**Tax Year
2023**

PART ONE

(To be completed by applicant)

Applicant

County: Comanche Account Number: _____

Name: _____ Daytime Telephone: () _____

Current Property Address: _____

Current Mailing Address: _____

Email Address: _____

PLEASE MARK THE APPROPRIATE BOX

Did you have a 100% Disabled Veterans Exemption on your previous property?

If so, list address: _____

City: _____ County: _____

PART TWO

PLEASE MARK THE APPROPRIATE BOX

(To be completed by applicant)

Ownership

Did you own this property after January 1 of this year, or is the land held by a city, town or entity formed by a city or town?

If not, when? Date: _____ / _____ / 20 _____

Are you currently occupying this property as your homestead?

If not held by a city, town or entity, is your deed or other evidence of ownership of record in the County Clerk's Office?

NOTE Your deed or other evidence of ownership must be recorded with the County Clerks Office in the year of the requested exemption.

PART THREE

PLEASE MARK THE APPROPRIATE BOX

(To be completed by applicant)

Qualification

Is the applicant currently certified by the U.S.D.V.A. to have 100% permanent disability sustained through military action or accident?

Is the applicant currently receiving benefit compensation at the 100% rate?

Is the applicant the surviving spouse of such veteran?

NOTE The county assessor is authorized to request and verify any information from the applicant or a state or federal agency they may feel is relevant.

PART FOUR

NOTICE OF TERMINATION ACKNOWLEDGMENT

Assessor

The applicant attests to the validity of the claim for exemption and shall notify the county assessor at such time when the applicant or surviving spouse does not meet the qualifications as set forth by the above cited requirements.


 _____
Applicant's Signature and Acknowledgment Date

LEGAL DESCRIPTION:

School
District

Approved beginning _____ **tax year.**

Disapproved. Reason: _____

 _____
County Assessor or Deputy Date