

**TAXPAYER'S AFFIDAVIT FOR TENTATIVE
CERTIFICATE OF PERMANENT AND TOTAL DISABILITY
(REQUIRED BY SECTION 40-9-21.3, CODE OF ALA. 1975)**

Name of Disabled Veteran: _____

Name of Spouse (If Applicable): _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email Address: _____

Please provide the following information about the potential homestead property:

Property Address: _____

City: _____ State: _____ Zip Code: _____

The homestead will be jointly owned by the disabled veteran and his/her spouse. Yes: _____ No: _____

The homestead will be occupied as the veteran's principal place of residence. Yes: _____ No: _____

The following items are required. Check the box to indicate that each has been attached to this affidavit:

- ☐ Purchase agreement for the potential homestead property
- ☐ Documentation from the United States Department of Veteran Affairs indicating the veteran named above has a 100 percent service-connected, permanent, and total disability

AFFIDAVIT

I, _____, certify that the statements made in this affidavit are true and correct to the best of my knowledge. I further understand that any tentative certificate issued related to this affidavit and subsequent documentation will only become effective upon the purchase of the homestead property noted in the attached purchase agreement. I will still be required to coordinate with the county assessing office to formally claim the homestead exemption upon purchase of the homestead. Failure to formally claim the homestead exemption timely could result in the denial of the exemption request for that particular tax year. I understand that if this is the case, I will owe property tax on the homestead property until I formally claim the homestead exemption with the assessing office. I further understand that any homestead exemption that I qualify for will not apply to taxes that accrued prior to the property being assessed in my name.

SIGNATURE OF DISABLED VETERAN: _____

SIGNATURE OF SPOUSE (IF APPLICABLE): _____

Date: _____