

Supplemental Affidavit

Abatement ID #: _____ Parcel #: _____

I, _____, hereby certify that I am

VETERAN - Please select one:

- ☐ the unmarried surviving spouse of a deceased veteran with disabilities or a veteran who was killed in action or died on the line of duty.
- ☐ the minor orphan of a deceased veteran with disabilities or a veteran who was killed in action or died in the of duty.

BLIND - Please select one:

- ☐ the unmarried surviving spouse of a deceased blind claimant.
- ☐ the minor orphan of a deceased blind claimant.

I further understand that as the unmarried surviving spouse, if I get married in the future, I have to notify the County, and will lose my status to qualify for the Tax Relief program.

Please provide copy of the death certificate for the first year application filing.

Claimant Signature

Date