

Ricky Hatch, CPA

Weber County Clerk/Auditor
 2380 Washington Blvd, Ste 320
 Ogden UT 84401-1456
 (801)399-8489
 taxrelief@webercountyutah.gov

2025 VETERANS TAX RELIEF



APPLICATION MUST BE SUBMITTED BY SEPTEMBER 2, 2025
YOU MUST VERIFY YOUR INFORMATION EVERY YEAR TO RECEIVE TAX RELIEF
Please file early. We may need additional documents.

☐ Veteran with a Disability ☐ Deployed Military

For Office Use Only	Received By: _____	Initials: _____	Received Date (Stamp) _____
	Notes: _____	Report No: _____	
		Ownership: _____	

1. Applicant Information

Applicant's Last Name	Applicant's First Name	M.I.	Date of Birth	Social Security Number
Spouse's Last Name	Spouse's First Name	M.I.	Date of Birth	Social Security Number
Address (Street, Suite #, Apt #)		City, State, Zip Code		Telephone
Email	Emergency Contact Name/Relation			Phone Number

2. Property Information

Residential Real Property	Parcel Number	Mobile Home	VIN or Mobile Home Account Number
Is this property in a Trust? If Yes, a copy of the Trust must be on file in our office.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If in a Trust, were there any changes to the Trust in the past year? If Yes, please include a copy of the changes.	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Affidavit

- a. ☐ Yes ☐ No Did you own and reside in this property on September 1, 2025?
County may require residency verification.
- b. ☐ Yes ☐ No Does your property exceed one (1) acre? If so, list total number of acres: _____
- c. ☐ Yes ☐ No Have you filed for Tax Relief this year in any other county or state?
 If yes, Prior Address: _____

4. Veteran with a Disability – If you and/or your spouse has a disability rating from the VA

Applicant is:

- a. ☐ A veteran with a service-related disability.
- b. ☐ An unmarried surviving spouse of a deceased veteran with a service-related disability.
- c. ☐ A minor orphan of a deceased veteran with a service-related disability.

If you checked b. or c., you must include the Supplemental Affidavit and ensure a Death Certificate is included or on file with our office. This form is available from our office or at:
https://www.webercountyutah.gov/Clerk_Auditor.

What is the Overall Combined Service-Related Disability Rating? (If both spouses qualify, add both ratings together.) MUST BE AT LEAST 10%	_____ %
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You must provide a copy of your VA letter showing % of disability or unemployable rating.

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5. Active Duty Armed Forces/Deployed Military

- a. ☐ Yes ☐ No Were you a member of an Active or Reserve component* of the US Armed Forces who was on orders outside of Utah for at least 200 days in a continuous 365-day period?
- b. ☐ Yes ☐ No Was your 200th qualifying day in 2024? (If your 200th qualifying day was in 2025, you can apply in 2026.)

You must provide a copy of your orders or travel voucher (or DTS equivalent) showing the date(s) you left Utah and the date(s) you returned to Utah.

Dates of qualifying active-duty military service outside the state of Utah	
From:	To:
From:	To:
From:	To:

**Active component means the United States Army, United States Navy, United States Air Force, United States Marine Corps, United States Space Force, or United States Coast Guard.*

Reserve component means The Army National Guard, The Army Reserve, The Navy Reserve, The Marine Corps Reserve, The Air National Guard, The Air Force Reserve, or The Coast Guard Reserve.

6. Oath and Signature – All Applicants Must Sign

Under penalties of perjury, I declare that I am a lawful resident of Weber County and, to the best of my knowledge and understanding, the information supplied on this application and all documents attached are true, correct, and complete. I have included all relevant supporting documents and authorize Weber County to inspect and/or receive information from the Veterans Administration and/or the Department of Defense.

Applicant Signature	Date
Co-Owner/Spouse Signature	Date
Name/Address/Phone of Person Preparing this Form if other than applicant (attach Power of Attorney)	
Signature	