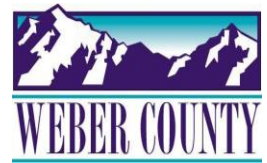


**Ricky Hatch, CPA**

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

**2026 VETERANS TAX RELIEF**



**APPLICATION MUST BE SUBMITTED BY SEPTEMBER 1, 2026**  
**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

<b>For Office Use Only</b>	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**

<b>Residential Real Property</b>	Parcel Number	<b>Mobile Home</b>	VIN or Mobile Home Account Number
<b>Is this property in a Trust?</b> If Yes, a copy of the Trust must be on file in our office.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If in a Trust, were there any changes to the Trust in the past year?</b> 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, 2026?  
*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](https://www.webercountyutah.gov/Clerk_Auditor).*

<b>What is the Overall Combined Service-Related Disability Rating?</b> <i>(If both spouses qualify, add both ratings together.) MUST BE AT LEAST 10%</i>	%
---	---

**You must provide a copy of your VA letter showing % of disability or unemployable rating.**

## 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 200<sup>th</sup> qualifying day in 2025? (If your 200<sup>th</sup> qualifying day was in 2026, you can apply in 2027.)

**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	