



APPLICATION FOR PROPERTY TAX BENEFITS FOR DISABLED VETERANS  
AND SURVIVING SPOUSES OF CERTAIN VETERANS

State Form 12662 (R20 / 6-26)  
Prescribed by the Department of Local Government Finance

**Instructions:** Please check appropriate box(es) pertaining to the applicable tax deduction or credit. More than one (1) box may be checked; however, an individual who claims a deduction under Section I may not claim a credit under Section II or Section III or a deduction under Section V for that same assessment date. (IC 6-1.1-12-14(d); IC 6-1.1-12-14.5(d))

**Filing Date:** This form must be completed, signed, and filed by January 15 of the calendar year in which the property taxes are first due and payable. File with the county auditor of the county where the property is located.

- ☐ I
- Totally Disabled Veteran or Surviving Spouse – Deduction of 100% of the assessed value of principal place of residence  
Complete Sections I, VI, and VII. (IC 6-1.1-12-14)
- ☐ II
- Veteran with Service-Connected Disability or Surviving Spouse – Credit not to exceed \$350  
Complete Sections II, VI, and VII. (IC 6-1.1-51.3-6)
- ☐ III
- Veteran at least Age 62 with at least 10% Disability or Surviving Spouse – Credit not to exceed \$250  
Complete Sections III, VI, and VII. (IC 6-1.1-51.3-5)
- ☐ IV
- Surviving Spouse of World War I Veteran – Deduction not to exceed \$18,720  
Complete Sections IV, VI, and VII. (IC 6-1.1-12-16)
- ☐ V
- Deduction for Homestead Donated to Veteran  
Complete Sections V, VI, and VII. (IC 6-1.1-12-14.5)

APPLICANT INFORMATION

Name of Applicant (first, middle, last)

Date of Birth (month, day, year)

Telephone Number  
(     )

Address (number and street, city, state, and ZIP code)

County

Email Address

Applicant ☐ does ☐ does not own property with another individual(s) besides spouse and/or another veteran.

This application is made for the purpose of obtaining \$ \_\_\_\_\_ deduction from the assessed valuation of the following described taxable property and/or \$ \_\_\_\_\_ credit against local property taxes imposed on the following described taxable property for the year 20\_\_\_\_\_.  
(If applicant desires that a credit be split among additional properties, list those properties on additional sheet and attach it to this application.  
The deductions under Section I and Section V may only apply to the applicant's homestead property.)

Taxing District (city, town, townships)

Is the property in question:  
☐ Real Property    ☐ Mobile Home (IC 6-1.1-7)

Parcel or Key Number

SECTION I    TOTALLY DISABLED VETERAN DEDUCTION

A. ☐ Applicant served in the military or naval forces of the United States for at least ninety (90) days (not necessarily during war time).

B. ☐ Applicant was honorably discharged.

C. ☐ Applicant has a total disability.

D. ☐ Applicant's disability is evidenced by: ☐ Certificate of eligibility (Section VIII) from the Indiana Department of Veterans Affairs ("IDVA") after IDVA has determined that the individual's disability qualifies the individual to receive a deduction under IC 6-1.1-12-14;  
☐ Pension certificate from the U.S. Department of Veterans Affairs; or  
☐ Award of compensation from U.S. Department of Veterans Affairs

E. ☐ Applicant has resided in Indiana for at least one (1) year before the assessment date for which this deduction is claimed.

F. ☐ Applicant is the surviving spouse of an individual who would have qualified for the deduction under this section when he or she was alive and the applicant has not subsequently remarried.

G. ☐ Applicant uses the property on which the deduction is claimed as the applicant's homestead (principal place of residence).

A veteran who claims this deduction for an assessment date may not also claim the Homestead Donated to Veteran Deduction under IC 6-1.1-12-14.5 or receive a local property tax credit under IC 6-1.1-51.3 for that same assessment date.

SECTION II    VETERAN WITH SERVICE CONNECTED DISABILITY OF 10% OR MORE CREDIT

A. ☐ Applicant served in the military or naval forces of the United States during any of its wars.

B. ☐ Applicant was honorably discharged.

C. ☐ Applicant has a service-connected disability of at least 10% or more.

D. ☐ Applicant's disability is evidenced by: ☐ Certificate of eligibility (Section VIII) from the Indiana Department of Veterans Affairs ("IDVA") after IDVA has determined that the individual's disability qualifies the individual to receive a credit under IC 6-1.1-51.3-6;  
☐ Pension certificate from the U.S. Department of Veterans Affairs; or  
☐ Award of compensation or disability compensation check from U.S. Department of Veterans Affairs

E. ☐ Applicant is the surviving spouse of an individual who would have qualified for the credit under this section when he or she was alive.

SECTIONS III, IV, V, VI, and VII ARE ON REVERSE SIDE.

RECEIPT FOR APPLICATION FOR TAX DEDUCTION AND/OR TAX CREDIT  
FOR DISABLED VETERAN OR SURVIVING SPOUSE OF CERTAIN VETERANS

I certify that the applicant filed on this date an application for the following deduction(s) or credit(s) described on State Form 12662:  
☐ SECTION I    ☐ SECTION II    ☐ SECTION III    ☐ SECTION IV    ☐ SECTION V

Name of Applicant (first, middle, last)

Name of Auditor

Parcel or Key Number

Date (month, day, year)

SECTION III VETERAN AT LEAST AGE 62 WITH DISABILITY OF 10% OR MORE CREDIT

A.☐Applicant served in the military or naval forces of the United States for at least ninety (90) days (*not necessarily during war time*).

B.☐Applicant was honorably discharged.

C.☐Applicant is at least age 62 with at least 10% disability.

D.☐Applicant's disability is evidenced by: 

☐Certificate of eligibility (Section VIII) from the Indiana Department of Veterans Affairs ("IDVA") after IDVA has determined that the individual's disability qualifies the individual to receive a deduction under IC 6-1.1-12-14;

☐Pension certificate from the U.S. Department of Veterans Affairs; or☐Award of compensation from U.S. Department of Veterans Affairs

E.☐Applicant is the surviving spouse of an individual who: (1) would have qualified for the credit under this section when he or she was alive; or (2) was killed in action, died while serving on active duty, or died while performing inactive duty training. (*Age of deceased veteran on date of death*\_\_\_\_\_)

SECTION IV SURVIVING SPOUSE OF A WORLD WAR I VETERAN

A.☐Applicant is the surviving spouse of an individual who served in the military or naval forces of the United States before November 12, 1918.

B.☐The service of the deceased spouse is evidence by: 

☐Letter from the U.S. Department of Veterans Affairs; or☐Honorably discharge documents

C.☐The deceased spouse received an honorable discharge.

SECTION V DEDUCTION FOR HOMESTEAD DONATED TO VETERAN

A.☐Applicant served in the military or naval forces of the United States for at least ninety (90) days.

B.☐Applicant was honorably discharged.

C.☐Applicant has a disability of at least 50%.

D.☐Applicant's disability is evidenced by: 

☐Pension certificate or an award of compensation issued by the U.S. Department of Veterans Affairs; or☐A certificate of eligibility (Section VIII) issued to the individual by the Indiana Department of Veterans' Affairs ("IDVA") after IDVA has determined that the individual's disability qualifies the individual to receive a deduction under IC 6-1.1-12-14.5

E.☐Applicant's homestead was conveyed without charge to the applicant who is the owner of the homestead by an organization that is exempt from income taxation under the federal Internal Revenue Code.

The amount of the deduction is determined as follows:

1. If the applicant is totally disabled, the deduction is equal to 100% of the assessed value of the homestead.

2. If the applicant has a disability of at least 90% but is not totally disabled, the deduction is equal to 90% of the assessed value of the homestead.

3. If the applicant has a disability of at least 80% but less than 90%, the deduction is equal to 80% of the assessed value of the homestead.

4. If the applicant has a disability of at least 70% but less than 80%, the deduction is equal to 70% of the assessed value of the homestead.

5. If the applicant has a disability of at least 60% but less than 70%, the deduction is equal to 60% of the assessed value of the homestead.

6. If the applicant has a disability of at least 50% but less than 60%, the deduction is equal to 50% of the assessed value of the homestead.

A veteran who claims this deduction for an assessment date may not also claim the Totally Disabled Veteran Deduction under IC 6-1.1-12-14 for that same assessment date. Moreover, an unused portion of this deduction may NOT be applied to excise taxes.

SECTION VI ADDITIONAL INFORMATION

A.☐Applicant owns the property on which the deduction or credit is claimed or is buying it under contract that provides that the applicant is to pay the property taxes, which contract, or a memorandum of the contract, is recorded in the County Recorder's office.

Record Number \_\_\_\_\_Page \_\_\_\_\_(*Note that a person applying for a deduction under Section V must own the property.*)

B.☐Applicant has applied or intends to apply for one or more of these credits on other property in this county or in another county.

☐Yes☐No

Amount \$\_\_\_\_\_

County

Taxing District

Second County

Taxing District

SECTION VII APPLICATION VERIFICATION AND AUDITOR SIGNATURE

I certify that the information provided in this application is true and correct. The intentional inclusion of false information on this form is a criminal violation under IC 6-1.1-37-3 or -4.

I certify that this application was filed in my office.

Date Filed (*month, day, year*)

Signature of County Auditor

Signature of Applicant or Legal Representative

Name of County Auditor (*typed or written*)

SECTION VIII INDIANA DEPARTMENT OF VETERANS AFFAIRS CERTIFICATE OF ELIGIBILITY FOR IDVA VERIFICATION ONLY

Veteran's Military Service

☐More than ninety (90) days

Veteran's character of discharge

☐Honorable or Under Honorable Conditions

Veteran's type of service (check one)

☐Wartime service☐Peacetime service

VA disability rating

Veteran's date of birth (*month, day, year*)

Accredited IDVA staff or accredited Indiana County Veteran Service Officer signature

Date (*month, day, year*)

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