





QUALIFYING INFORMATION - TO BE COMPLETED BY EACH APPLICANT

OWNER FIRST NAME	OWNER LAST NAME				OWNER M.I. BIRTH DATE	
ADDRESS OF PROPERTY	,				PHONE	
СІТҮ		STATE ZI	P CODE	EMAIL ADDRESS		
APPLICANT TAXPAYER	D (SSN)					
	1. Is this	property your princi			you do not qualify.)	
Deravier of fear Deleveration		u the sole owner of	1 1 3			
Required for Delaware to ver	ify residency 3. If you	answered "No" on Li	ne 2, complete belov	N:		
(a) NAME OF CO-OWNER(S) (b) ADDRESS(ES)						
(c) RELATIONSHIP(S) CO-OWNER BIRTH E		BIRTHDATE	CO-0V	VNER TAXPAYER ID (SSN)		
					1	
Are you a veteran of the	LLS Armod forces who rec	aives from the Unit	od Statos Dopartmo	nt of Veterans Affairs or its su	YES	
disability compensation	due to a service-connected	l, permanent and to	tal disability based	on individual unemployability	or a 100% disability rating?	
Please attach a curren	t copy of the Department of V	eterans Affairs deteri	mination of your disa	bility rating status to your applic	ation. NO	
Dete en which we	became a primary residen					
4. (See instructions on	Page 2 for more information	ונ (legal domicile) סו ו)	i Delaware.			
5. Is the property par	t of an irrevocable trust?	YES NO				
	BENEFICIAL OWNER OF THE TRUST					
If yes, please identify the beneficial owner(s) of the trust and provide a copy of the complete trust agreement with this application.						
TO RECEIVE YOUR TAX CREDIT YOU MUST SIGN BELOW AND PROVIDE A COPY OF YOUR DRIVER'S LICENSE OR OFFICIAL STATE ID						
Under penalties of perju	ry, I declare that I have exam	nined the information	n in the "Qualifying l	nformation" section above and	believe it is true, correct and	
complete. I am aware th requirements set forth in	at the Delaware Department	of Finance may also	use tax databases a	and other resources to verify re	sidency and compliance with the n disability rating within 60 days of	
such change.						
APPLICANT'S SIGNATURE		DATE		O-OWNER'S SIGNATURE	DATE	
STATEWIDE DEADLINE IS APRIL 30TH FOR THE UPCOMING TAX YEAR						
THIS CREDIT IS NOT PERMITTED RETROACTIVELY						
SEND YOUR APPLICATION TO THE APPROPRIATE COUNTY:						
NEW CASTLE COUNTY KENT COUNTY LEVY COURT SUSSEX COUNTY						
NEW CASTLE COUNTY ASSESSMENT DIVISION 87 READ'S WAY NEW CASTLE, DE 19720			SSMENT DIVISION	BILLING SERVICES		
			555 BAY ROAD OVER, DE 19901	P.O. BOX 589 GEORGETOWN, DE 19	9947	
(302) 395-5520			302) 744-2401	(302) 855-7871		
DFDVPTAX202101	9999V1					

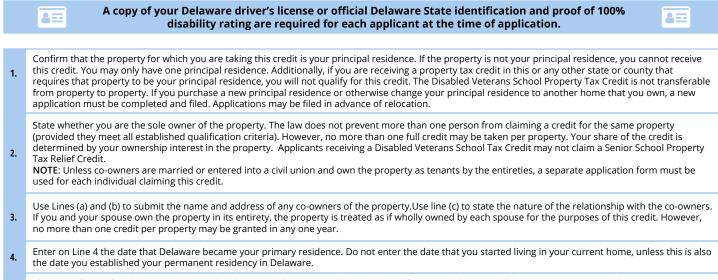




Note: If you are delinquent in your property taxes, you do not qualify for this credit.

To qualify for this credit, you must be a veteran who has received from the United States Department of Veterans Affairs or its successor agency 100% disability compensation due to a service-connected, permanent and total disability based on individual unemployability or a 100% disability rating. You must notify the appropriate county within 60 days of any change in disability rating. The property for which you are applying to receive the credit must be your principal residence. You must have been legally domiciled in Delaware for at least three consecutive years.

Your SSN is required in order for the State of Delaware to verify that you meet the credit's residency requirement, which is three years. Your SSN will be shared with the State of Delaware Department of Finance during the application process, and may be retained by the State or County to ensure compliance with the law.



5. Please verify whether this property is titled in the name of an irrevocable trust. If so, please provide a copy of the Trust Agreement so that we may determine whether it qualifies for the credit.

STATEWIDE DEADLINE IS APRIL 30TH FOR THE UPCOMING TAX YEAR THIS CREDIT IS NOT PERMITTED RETROACTIVELY

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ASSESSMENT DIVISION
87 READ'S WAY
NEW CASTLE, DE 19720
(302) 395-5520

KENT COUNTY LEVY COURT ASSESSMENT DIVISION 555 BAY ROAD DOVER, DE 19901 (302) 744-2401 SUSSEX COUNTY BILLING SERVICES P.O. BOX 589 GEORGETOWN, DE 19947 (302) 855-7871