

DISABILITY EXEMPTION APPLICATION

Social Security No. _____ PIDN _____

Application is hereby made for the 100% Disability Exemption as provided by Section 170 of the Kentucky Constitution.

Applicant/Owner _____

Property Location _____

Mailing Address (if different than property location, please explain

Phone No. _____ Date of Birth _____

Residence Type: Single Family _____ Condominium _____ Two-Family _____

Mobile Home _____ Apartment Bldg. _____ Commercial _____

TYPE OF DISABILITY: Social Security _____ Railroad _____ Other* _____

* If other, must be approved by Department of Property Taxation, 592 E. Main Street,
Frankfort, KY 40601

AFFIDAVIT AND OATH

I, _____ hereby swear (affirm) under penalty of perjury that I am the owner of and **RESIDE** at the property listed above from which hereby application is being made, that I am **TOTALLY** disabled, and that all information contained in this application is true and correct. I fully understand that this is an **ANNUAL** application and that I must present proof each year to the PVA of disability benefits (payments) received.

Signature of Applicant

Date of Application