



**CERTIFICATE OF ELIGIBILITY
DISABLED VETERAN TAX
DEDUCTION**
State Form 51186 (R / 9-07)

State of Indiana
DEPARTMENT OF VETERANS AFFAIRS
302 West Washington St.
Indianapolis, IN 46204-2738
Telephone: (317) 232-3910
Fax: (317) 232-7721

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

Veteran's Name:

| | | |
|-----------------------------------|--|--|
| Last: | First: | Middle: |
| Is the Veteran Deceased? | Date of Death (<i>month, day, year</i>): | Date of Birth (<i>month, day, year</i>): |
| Yes No | | |
| Veteran's Social Security Number* | | |
| Veteran's Service / Serial Number | | |
| Veteran's VA File Number | | |

| | | |
|---------------------------|-------|---|
| Veteran's Phone Numbers: | | |
| Home: | Work: | Cell: |
| Property Mailing Address: | | Mailing address if different than property address (i.e. CVSO, County Auditor/ Assessor) |
| | | |
| | | |

| | | |
|--|-------|--------|
| Surviving Spouse (<i>required only if Veteran is Deceased</i>) | | |
| Last | First | Middle |
| Spouse Social Security Number* | | |

IDVA Verification

This certifies that the above named veteran or surviving spouse is eligible for disabled veterans tax deduction.

Tax Code

Subject to the Requirements of IC 6-1.12-13 and or IC 6-1.1-12-14

Note: If the veterans property is assessed at more than \$143,160 a tax code 3 reverts to a tax code 2

IDVA Verification Signature

| | |
|--|------|
| | Date |
|--|------|