

AFFIDAVIT OF BLIND PERSON FOR PROPERTY TAX EXEMPTION

PURSUANT TO NEVADA STATUE 361.085

ID#: _____
RCVD BY: _____
FY: _____

I, the undersigned, hereby affirm that I am a bona fide resident of the State of Nevada (possess a valid Nevada Driver's License or Identification Card), and I meet all requirements for the exemption for blindness, and that I have not claimed this exemption in any other county in the State of Nevada.

A certificate is required from a licensed physician stating that they have examined the claimant and have found him to be a blind person. To be considered legally blind, the claimant's visual acuity with correcting lenses cannot exceed 20/200 in the better eye, or whose vision in the better eye is restricted to a field which subtends an angle of not greater than 20 degrees.

I wish to apply my exemption to: (Check Box Below)

(If choosing more than one, please split the amount for each, not to exceed the total of the exemption.)

To apply you exemption to your real property tax bill for July 1st, you must return the affidavit by June 15th, or for real property acquired between June 15th and July 1st, you must return the affidavit by July 5th.

Exempt Amount

- | | |
|--|-------|
| <input type="checkbox"/> Real Property at the following location address or parcel number: _____ | _____ |
| <input type="checkbox"/> DMV/Governmental Services Tax (When registering vehicle you own) | _____ |
| <input type="checkbox"/> Manufactured Home or Personal Property at the following location address or ID# _____ | _____ |

Please enclose a copy of you Nevada Driver's License or ID card and a copy of the certificate from a licensed physician. (The certificate must state the claimant meets the qualifications to be considered legally bling under NRS 361.085.)

Note: This document must be signed before a Deputy Assessor.

A person who files a false affidavit or proof and obtains an exemption is guilty of a gross misdemeanor.

Signature: _____	Date: _____
Print full name: _____	Name of spouse: _____
Mailing Address: _____	Phone: _____

Return this affidavit with required documentation to:

Michael A. Mears Eureka County Assessor PO Box 88 Eureka, NV 89316