

SIGN HERE ONLY IF YOU NO LONGER QUALIFY FOR THE DISABLED VETERANS' EXEMPTION AS OF JANUARY 1, 2025

I no longer qualify for the Disabled Veterans' Exemption.

CERTIFICATION

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing, and all information herein, including any accompanying statements or materials, is true, correct, and complete, to the best of my knowledge and belief.

Signature _____

Date _____

Daytime Telephone Number (____) _____

Social Security Number: _____ - ____ - _____

REASON AND DATE OF DISQUALIFICATION *(It is extremely important that you enter the date that you became ineligible.)*

1. The property is no longer my principal place of residence because:
 - A. I sold the property on (date): _____
If sale is unrecorded, enter name of purchaser: _____
 - B. I am still the owner of the property but it is no longer my primary place of residence as of (date): _____
Please provide your current mailing address: _____
2. I received the exemption as the surviving spouse of a deceased disabled veteran and I remarried on (date): _____
(please attach a copy of the marriage certificate)
3. My disability or disability compensation was changed to less than 100 percent on (date): _____ (please attach supporting documentation from the United States Department of Veterans Affairs)
4. I am no longer blind; visual acuity in both eyes was not rated at 5/200 or less, or have a concentric contraction of 5 degrees or less on (date): _____ (please attach supporting documentation from the United States Department of Veterans Affairs)
5. I have no longer lost the use of two limbs; use was restored on (date): _____ (please attach supporting documentation from the United States Department of Veterans Affairs)
6. Following the death of the claimant, the property is no longer eligible for the Disabled Veterans' Exemption.
 - A. Name of deceased veteran or deceased unmarried surviving spouse: _____
 - B. Date of death: _____ **Please attach a copy of the Death Certificate.**
 - C. Name of person reporting change: _____
 - D. Relationship to disabled veteran or unmarried surviving spouse: _____
 - E. Daytime telephone number: (____) _____
 - F. Signature _____

If you change your principal place of residence on or after January 1, 2025, and the new resident of the property is not eligible for the exemption, the exemption shall cease to apply to that property on the date of the sale or transfer. An exemption will not be allowed on your new residence until you qualify and file a claim with the Assessor or within 30 days of the date of notice of supplemental assessment. In the case where a supplemental notice was not mailed or not required, you must file a claim the *later* of:

- (a) **90 days of acquisition of your new residence, or 90 days after you establish residency at a property you previously owned; or**
- (b) **on or before the next following lien date after the year that your property was acquired, or when you established residency in a previously owned property.**

Note: If you were not eligible for the exemption on January 1, 2025, you **must** notify the Assessor on or before June 30, 2025, or you will be subject to payment of the amount of taxes the exemption represents, plus a 25 percent penalty and interest.

SCHEDULE FOR DISABLED VETERANS' EXEMPTION

EXEMPTION AMOUNTS AND HOUSEHOLD INCOME LIMITS

Lien Date	Basic Exemption	Low-Income Exemption	Low-Income Household Limit
2025	\$175,298	\$262,950	\$78,718
2024	\$169,769	\$254,656	\$76,235
2023	\$161,083	\$241,627	\$72,335
2022	\$149,993	\$224,991	\$67,355
2021	\$147,535	\$221,304	\$66,251
2020	\$143,273	\$214,910	\$64,337
2019	\$139,437	\$209,156	\$62,614
2018	\$134,706	\$202,060	\$60,490
2017	\$130,841	\$196,262	\$58,754
2016	\$127,510	\$191,266	\$57,258
2015	\$126,380	\$189,571	\$56,751
2014	\$124,932	\$187,399	\$56,101
2013	\$122,128	\$183,193	\$54,842
2012	\$119,285	\$178,929	\$53,566