



**CERTIFICATE OF ELIGIBILITY  
DISABLED VETERAN TAX DEDUCTION**

State Form 51186 (R6 / 7-20)

**DEPARTMENT OF VETERANS AFFAIRS**

777 North Meridian Street, Suite 300  
Indianapolis, Indiana 46204-1421  
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.

Name of veteran ( <i>last, first, middle</i> )		
Date of Birth ( <i>month, day, year</i> )	Is the Veteran Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Death ( <i>month, day, year</i> )
Veteran's Social Security Number *	Veteran's Service / Serial Number	Veteran's VA File Number

Name of surviving spouse (*last, first, middle*) (*Required only if veteran is deceased.*)

Telephone number	E-mail address
------------------	----------------

Property Mailing Address (*number and street, city, state, and ZIP code*)

Mailing address where form to be sent if different than property (i.e. CVSO, County Auditor/Assessor)

Signature of veteran / surviving spouse / authorized agent	Date ( <i>month, day, year</i> )
--	----------------------------------

In determining eligibility for the Disabled Veteran Tax Deduction benefit, the Indiana Department of Veterans' Affairs (IDVA) verifies the veteran's period of military service, United States Department of Veterans' Affairs disability rating, and date of birth. The County Auditor will determine further eligibility for this benefit based on Indiana Code 6-1.1-12-13, 6-1.1-12-14 or 6-1.1-12-15 and 6-6-5-5, 6-6-5-5.2. Once this form is complete with IDVA verification, it must be taken to the appropriate County Auditor for final determination of benefit and processing.

**FOR IDVA VERIFICATION ONLY**

Veteran's beginning date of service ( <i>month, day, year</i> )		Veteran's ending date of service ( <i>month, day, year</i> )	
Type of service ( <i>check one</i> ) <input type="checkbox"/> Wartime service <input type="checkbox"/> Peacetime service	VA disability rating	Veteran's date of birth ( <i>month, day, year</i> )	
IDVA verification signature			Date ( <i>month, day, year</i> )

<b>For County Auditor Use Only</b>	Tax deduction amount
------------------------------------	----------------------