Reset Form

DTE 105I
Rev. 10/19

Homestead Exemption Application for Disabled Veterans and Surviving Spouses

Real property and manufactured or mobile homes: File with the county auditor on or before December 31.

Please read the instructions on the back of this form before you complete it. The applicant must be 100% disabled by or be receiving 100% compensation for service-connected injuries on January 1 of the year for which the exemption is sought. See instructions for filing a late application on page 2 of this form.

☐ Current application ☐ Late application for prior year

Type of home:

☐ Single family dwelling ☐ Unit in a multi-unit dwelling ☐ Condominium ☐ Unit in a housing cooperative

☐ Manufactured or mobile home ☐ Land under a manufactured or mobile home

Applicant's name_____ Surviving spouse ☐ Yes ☐ No

Name of spouse_____

Home address_____

County in which home is located_____

Taxing district and parcel or registration number_____
from tax bill or available from county auditor

Were you discharged or released from active duty under honorable conditions? You will need to provide a copy of your Department of Defense Form 214 (DD214). ☐ Yes ☐ No

In order to be eligible for the enhanced disabled veteran homestead exemption, the form of ownership must be identified. Property that is owned by a corporation, partnership, limited liability company or other legal entity does not qualify for the exemption. Check the box that applies to this property.

The applicant is:

☐ an individual named on the deed ☐ a purchaser under a land installment contract

☐ a life tenant under a life estate ☐ a mortgagor (borrower) for an outstanding mortgage

☐ trustee of a trust with the right to live in the property

☐ the settlor, under a revocable or irrevocable inter vivos trust, holding title to a homestead occupied by the settlor as a right under the trust

☐ a stockholder in a qualified housing cooperative. See form DTE 105A – Supplement for additional information.

☐ other_____

I am applying as:

☐ A veteran with a total disability rating. Attach a copy of the veteran's DD214 and the award letter showing the disability rating of 100%.

☐ A veteran with a total disability rating for compensation based on individual unemployability. Attach a copy of the veteran's DD214, the award letter showing compensation at 100%, and a document showing the approval of the application for a determination of individual unemployability.

If the applicant or the applicant's spouse owns a second or vacation home, please provide the address and county below.

Address City State ZIP code County

I declare under penalty of perjury that (1) I occupied this property as my principal place of residence on January 1 of the year(s) for which I am requesting the homestead exemption, (2) I currently occupy this property as my principal place of residence, (3) I did not acquire this homestead from a relative or in-law, other than my spouse, for the purpose of qualifying for the homestead exemption, (4) the documentation presented regarding my disability and my discharge or release has been received from the Department of Veterans Affairs or its predecessor or successor agency, and (5) I have examined this application, and to the best of my knowledge and belief, this application is true, correct and complete.

Signature of applicant Date

Mailing address

Phone number E-mail address