



**CARSON CITY ASSESSOR'S OFFICE**  
**201 N. CARSON ST., STE #6**  
**CARSON CITY, NV 89701**  
**(775) 887-2130**

**VETERAN or DISABLED VETERAN**  
**Application for Personal Exemption**

**NAME:** \_\_\_\_\_  
**PHYSICAL ADDRESS:** \_\_\_\_\_  
**MAILING ADDRESS:** \_\_\_\_\_  
**CITY, STATE, ZIP:** \_\_\_\_\_  
**PHONE NUMBER:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

1. I established actual bona fide residency in the State of Nevada per NRS 361.015. **Initial:** \_\_\_\_\_
2. I understand my application for exemption must be filed in the county in which I reside. **Initial:** \_\_\_\_\_
3. I have not claimed an exemption in any other county in Nevada for the current fiscal year. **Initial:** \_\_\_\_\_
4. I understand that I must immediately report any change of mailing or physical address to the Carson City Assessor's Office. **Initial:** \_\_\_\_\_
5. I entered active-duty service of the United States on \_\_\_\_\_, \_\_\_\_\_ (year), and I was honorably discharged on \_\_\_\_\_. \_\_\_\_\_ (year).

\_\_\_\_\_ I claim a **Veteran Exemption** exempting property in Carson City from Taxation under the provisions of NRS 361.090. **2025/2026 assessed valuation amount is \$3,540 which corresponds to \$141.00 off the governmental service tax.**

\_\_\_\_\_ I claim a **Disabled Veteran Exemption** exempting property in Carson City from taxation under the provisions of NRS 361.091 to the extent of assessed valuation per fiscal year as shown below.

**2025/2026:** \_\_\_\_\_ (100% permanent service connected disability) \$35,400 (AV) = (\$1,416.00 DMV).  
\_\_\_\_\_ (80-99% permanent service connected disability) \$26,550 (AV) = (\$1,062.00 DMV).  
\_\_\_\_\_ (60-79% permanent service connected disability) \$17,700 (AV) = (\$708.00 DMV).

7. I request my exemption be applied as follows:

_____ Motor Vehicle Governmental Service Tax Benefit:	for fiscal year _____.
_____ Real Property tax roll, Parcel No. _____	for fiscal year _____.
_____ Mobile Home tax roll, Acct. No. _____	for fiscal year _____.
_____ Personal Property tax roll, Acct. No. _____	for fiscal year _____.

8. I affirm and certify under penalty of perjury that the above information is true and correct to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Witnessed By: \_\_\_\_\_ Gave voucher: \_\_\_\_\_ Send voucher: \_\_\_\_\_