

# SAMPLE VERIFICATION LETTERS

## SUGGESTED FORM LETTER—FIRST REQUEST

Dear Disabled Veterans'/Homeowners' Exemption Claimant:

We received notification from the State Board of Equalization (Board) of an apparent discrepancy concerning your [year] disabled veterans'/homeowners' exemption. The Board's computer program has detected the existence of another exemption claim identified with your social security number. To help resolve the problem, please enter the information requested at the bottom of this letter and return it promptly; failure to do so could result in cancellation of your exemption.

To determine your principal place of residence, consider (1) where you are registered to vote, (2) the home address on your automobile registration, and (3) where you normally return after work. If, after considering these criteria, you are still uncertain, choose the place at which you have spent the major portion of your time this year.

In providing the social security account number, please copy it from the card issued by the Social Security Administration, not from memory or from other sources.

Return this verification within five days, even if you are certain you originally filed correctly.

Sincerely,

(Add name and telephone number of county contact person)

### VERIFICATION

On January 1, [year], my principal place of residence was:

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(Number and Street)

(City/Zip)

If, since January 1, [year], you have established a different principal place of residence, provide your new address:

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(Number and Street)

(City/Zip)

Social security number and signature of individual claiming the disabled veterans'/homeowners' exemption:

Social security number and signature of a co-owner/occupant (deceased disabled veteran if unmarried surviving spouse) residing at the same address, if applicable:

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(Social Security Number)

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(Social Security Number)

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(Signature of Claimant)

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(Signature of Co-Owner/Occupant)

## SUGGESTED FORM LETTER—SECOND REQUEST

Dear Disabled Veterans'/Homeowners' Exemption Claimant:

On [date], we requested that you verify your principal place of residence and the social security number issued to you and any co-owner/occupant of the residence.

This matter must be resolved. If you do not send the information requested at the bottom of this letter within five days, we will cancel your exemption which may create an escape assessment.

Sincerely,

(Add name and telephone number of county contact person)

### VERIFICATION

On January 1, [year], my principal place of residence was:

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(Number and Street) (City/Zip)

If, since January 1, [year], you have established a different principal place of residence, provide your new address:

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(Number and Street) (City/Zip)

Social security number and signature of individual claiming the disabled veterans'/homeowners' exemption:

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(Social Security Number)

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(Signature of Claimant)

Social security number and signature of a co-owner/occupant (deceased disabled veteran if unmarried surviving spouse) residing at the same address, if applicable:

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(Social Security Number)

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(Signature of Co-Owner/Occupant)