



**CERTIFICATE OF ELIGIBILITY
DISABLED VETERAN TAX DEDUCTION**
State Form 51186 (8-04)

**State of Indiana
DEPARTMENT OF VETERANS AFFAIRS**
302 West Washington St.
Indianapolis, IN 46204-2738
Telephone: (317) 232-3921
Fax: (317) 232-7721

| | | |
|----------------------|-------|--------|
| Veteran's Name: Last | First | Middle |
|----------------------|-------|--------|

| | | |
|-------------------------|------|-----|
| Is the Veteran Deceased | Yes: | No: |
|-------------------------|------|-----|

| | |
|---------------------------|--|
| Veteran's SSN: | |
| Veteran's Service/Serial# | |
| Veteran's VA File Number | |

Veteran's Phone Numbers:

| | |
|------|------|
| Home | Work |
|------|------|

Veteran's Mailing Address:

| |
|--|
| |
| |

Surviving Spouse (required only if Veteran is Deceased)

| | | |
|-------------|-------|--------|
| Last | First | Middle |
| Spouse SSN: | | |

IDVA Verification:

This certifies that the above named veteran or surviving spouse is eligible for a disabled veterans tax deduction

Tax code: Subject to the Requirements of IC 6-1.1-12-13 and / or IC 6-1.1-12-14

Note: If the veterans property is assessed at more than \$113,000 a tax code 3 reverts to tax code 2.

IDVA Verification Signature:

| | |
|--|------|
| | Date |
|--|------|