

**AFFIDAVIT OF BLIND PERSON
FOR PROPERTY TAX EXEMPTION**
PURSUANT TO NEVADA REVISED STATUTE 361.085

ACCT# _____
RCVD BY: _____
FY: _____

I, the undersigned, hereby affirm that I am a bona fide resident of the State of Nevada (possess a valid Nevada Driver's License or Identification Card), and I meet all requirements for the exemption for blindness, and that I have not claimed this exemption in any other county in the State of Nevada.

A certificate is required from a licensed physician stating that they have examined the claimant and have found him or her to be person who is blind. To be considered legally blind, the claimant's visual acuity with correcting lenses cannot exceed 20/200 in the better eye, or whose vision in the better eye is restricted to a field which subtends an angle of not greater than 20 degrees.

I wish to apply my exemption to: (Check Box Below)
(If choosing more than one, please split the amount for each, not to exceed the total of the Exemption.)

	Exempt Amount
<input type="checkbox"/> Real Property at the following location address or parcel number: _____	_____
<input type="checkbox"/> DMV/Governmental/Special Governmental Services Tax (When registering vehicle you own): _____	_____
<input type="checkbox"/> Manufactured Home or Personal Property at the following location address or Account#: _____	_____

To apply your exemption to your real property tax bill for July 1st, you must return the affidavit by June 15th. Please contact our office if you need assistance completing this form.

Please enclose a copy of your Nevada Driver's License or ID card and a copy of the certificate from a licensed physician. (The certificate must state the claimant meets the qualifications to be considered legally blind under NRS 361.085.) If applying in person, please present documentation to staff for verification.

Note: This document must be signed before a Notary Public or in person at the Assessor's Office.
A person who files a false affidavit or proof and obtains an exemption is guilty of a gross misdemeanor.

Signature: _____	Date: _____
Print full name: _____	Name of spouse: _____ (if applicable)
Mailing Address: _____	Phone Number: _____
City, State, & Zip code: _____	Email Address: _____

STATE OF NEVADA
COUNTY OF _____

On this ___ day of _____, _____ personally appeared before me, a Notary Public _____ personally known or proven to me the person whose name is subscribed to the above instrument who acknowledged that ___ he executed the instrument. WITNESS my hand and official seal.
_____, Notary Public

Return this affidavit with required documentation to:
WHITE PINE COUNTY ASSESSOR, 297 11TH ST. EAST, STE 3, ELY, NV 89301