

## Greenbrier County Assessor's Office

P.O. Box 881  
Lewisburg, WV 24901  
Phone: (304) 647-6657  
FAX (304)-6667

**Re:** Homestead Exemption

Dear Property Owner:

In order to complete your application and be eligible for the homestead exemption for the up-coming tax year, we must obtain a copy of the following documents in our office prior to **December 1<sup>st</sup>** of the current year.

- Copy of any and all paperwork approving or verifying claimed disability.
- Copy of a WV Driver's License, WV Identification Card, Voter's Registration Card or other legitimate proof of the claimant's West Virginia state residency and age for all persons claiming Homestead Exemption

Based on West Virginia code §11-6B-3 these documents are required in order to complete the homestead exemption application and without them, the Disability Exemption will be denied.

If you have any questions, please contact our office at your convenience.

**Mary Ann Lenherr**  
*Deputy Assessor*  
*Homestead/Disability Exemption*

Sincerely,

**Joe Darnell**

Assessor of Greenbrier County

FOR ASSESSOR'S USE ONLY

Tax District \_\_\_\_\_

Map No.: \_\_\_\_\_ Parcel No.: \_\_\_\_\_ - \_\_\_\_\_  
Land Book Name: \_\_\_\_\_ Personal Property Account No.: \_\_\_\_\_

- 1. Owner's Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)
- 2. Joint Owner's Name, if applicable: \_\_\_\_\_  
(Last) (First) (Middle Initial)
- 3. Street Address: \_\_\_\_\_  
Property Location, if P. O. Box is given: \_\_\_\_\_
- 4. City: \_\_\_\_\_ 5. State: \_\_\_\_\_ 6. Zip Code: \_\_\_\_\_
- 7. Phone Number: Area Code (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ 8. Owner's Date of Birth: \_\_\_\_\_
- 9. Joint Owner's Date of Birth: \_\_\_\_\_ 10. Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (optional)

CHECK THE FOLLOWING STATEMENTS AS APPLICABLE  
(IF DISABILITY IS BASIS FOR CLAIM, COMPLETE CERTIFICATE OF DISABILITY ON REVERSE SIDE)

- 11. I, or my spouse, use the property for which the exemption is sought exclusively as my primary place of residence.  
\_\_\_\_\_ Yes \_\_\_\_\_ No
- 12. I have lived on this property for more than six consecutive months in the calendar year prior to the date of this application.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

(CONTINUE ON REVERSE)

- 13. I have been, or will be, a resident of West Virginia for the two calendar years previous to this tax year.  
\_\_\_\_\_ Yes \_\_\_\_\_ No  
If your answer is no, please list all dates of residency in West Virginia.

- 14. I am retired or separated from active military service due to a permanent and total physical or mental disability.  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I swear or affirm the answers to the preceding questions are complete and accurate. I further certify that neither I nor my joint owner is receiving a residential property tax exemption in any other state.

\_\_\_\_\_  
Owner's Signature Date

\_\_\_\_\_  
Owner's Signature Date

CERTIFICATION OF TOTAL AND PERMANENT DISABILITY

Are you gainfully employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Disabled Property Owner

I certify that I shall notify the Assessor within thirty (30) days of discontinuance of the receipt of benefits for permanent and total disability or that I am gainfully employed. I understand discontinuance of benefits or gainful employment will be considered a basis for disqualification for the Homestead Exemption.

\_\_\_\_\_  
Claimant's Signature Date

I certify that the above named individual did furnish one of the forms of documentation as listed in West Virginia Code §11-6B-4, in support of this application for the Homestead Exemption.

\_\_\_\_\_  
Assessor or Deputy Assessor Date