

2011/2012

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

For Assessor Use Only:	System#:
Name:	_____
Date Received:	Received by:
_____	_____

I, the undersigned, hereby affirm that I am a bona fide resident of the State of Nevada (six months minimum or 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 a blind person. 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 of 3,510 in assessed value to:**

*Assessed Value has been adjusted according to C.P.I. per NRS 361.085*

Real Property for Assessor Parcel Number (APN): \_\_\_\_\_

*To apply your exemption to your real property tax bill for July 1, 2011, you must return the affidavit by June 15, 2011, or for real property acquired after June 16<sup>th</sup> and before July 1<sup>st</sup>, you must return the affidavit by July 5, 2011*

DMV/Governmental Services Tax (*when registering a vehicle you own*)

Manufactured/Mobile Home, Aircraft or Business Personal Property for personal property identification

number: \_\_\_\_\_

Documentation required for this exemption include a photocopy of your Nevada Driver's License or Identification card and a photocopy of a certificate from a licensed physician. (The certificate must state the claimant meets the qualifications to be considered legally blind under NRS 361.085)

**Note: This document must be signed before a Notary Public or a staff member of the Assessor Office**

*A person who files a false affidavit or produces false proof to the County Assessor and obtains an exemption is guilty of a gross misdemeanor.*

Signature: \_\_\_\_\_

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

Print Full Name: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

STATE OF NEVADA  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ personally appeared before me, a Notary Public \_\_\_\_\_ personally known or proven to me to be 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:**

Joshua G. Wilson, Washoe County Assessor, Public Service Counter, PO Box 11130, Reno, NV 89520-0027