

**For Office Use Only**

Name of applicant \_\_\_\_\_

Assessment year \_\_\_\_\_

 Approved

Assessor's signature \_\_\_\_\_

Date \_\_\_\_\_

 Denied**CR-HEC****Homestead Exclusion for a Primary Family Caregiver of a Veteran with a Disability****Applications are due by December 31. Read instructions before completing.**

|                       |  |   |                     |          |                             |
|-----------------------|--|---|---------------------|----------|-----------------------------|
| <b>Property Owner</b> |  | Last Name   | First Name          | M.I.     | Social Security Number/ITIN |
|                       |  | Spouse's Last Name  | Spouse's First Name | M.I.     | Social Security Number/ITIN |
|                       |  | Address (Cannot be a P.O. Box Number)   |                     |          |                             |
|                       |  | City  | State               | ZIP Code | County                      |
|                       |  | Property ID Number (from Property Tax Statement)  |                     |          |                             |
|                       |  | Is this property your homestead?  |                     |          |                             |
|                       |  | <input type="checkbox"/> Yes <input type="checkbox"/> No <p>I am approved by the secretary of the United States Department of Veterans Affairs for assistance as the primary provider of personal care services for the veteran listed on this application who is an eligible veteran under the Program of Comprehensive Assistance for Family Caregivers, codified as United States Code, title 38, section 1720G.</p> |                     |          |                             |
|                       |  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |                     |          |                             |

|   |  |                     |                      |          |                             |
|---|--|---------------------|----------------------|----------|-----------------------------|
| <b>Veteran Information</b>  |  | Veteran's Last Name | Veteran's First Name | M.I.     | Social Security Number/ITIN |
|   |  | Address             |                      |          | Date of Birth               |
|   |  | City                | State                | Zip Code | County                      |
| <p>Check all boxes that apply. The veteran must have a U.S. Government Form DD214 or other official military discharge papers, and must be certified by the U.S. Department of Veterans Affairs (VA) as having a service-connected disability of 70% or more.</p> <input type="checkbox"/> The veteran has been certified by the United States VA as having service-connected disability of 70% or more. I have attached documentation supporting this statement. |  |                     |                      |          |                             |
| <input type="checkbox"/> The veteran has been certified by the United States VA as having a permanent service-connected disability of 100%. I have attached documentation supporting this statement.  |  |                     |                      |          |                             |
| <input type="checkbox"/> I have attached the appropriate documentation certifying that the veteran has been honorably discharged.   |  |                     |                      |          |                             |
| <input type="checkbox"/> I have attached the VA Caregiver Support Approval Letter verifying that I am the veteran's Primary Family Caregiver.   |  |                     |                      |          |                             |

|                        |   |      |               |
|------------------------|---|------|---------------|
| <b>Sign Here</b>       | I declare all information on this form is true, correct, and complete to the best of my knowledge and belief. |      |               |
| Signature of Applicant | Signature of Spouse   | Date | Daytime Phone |

Please mail completed application and required attachments to your county assessor.

# Form CR-HEC Instructions

---

## Who is Eligible?

You may be eligible for a market value exclusion of up to:

- \$150,000 if you are the primary family caregiver of a United States military veteran with a service-connected disability of 70% or more
- \$300,000 if you are the primary family caregiver of a United States military veteran with a 100% and permanent service-connected disability

You must be able to verify honorable discharge status of the veteran from the United States Armed Forces and be certified by the United States Department of Veterans Affairs (VA) as having service-connected disability.

## Homestead Property

This application is not a homestead application. You must apply for and be granted homestead on a qualifying property prior to applying for this market value exclusion.

## How to Apply

Mail the completed application with all required documentation to your county assessor by December 31 of the current year to be eligible for the exclusion in the next payable tax year.

If you are married and you own your home jointly, both you and your spouse must sign the form.

## Required Attachments

- Official military discharge papers (Form DD214 or other) to verify honorable discharge
- Any forms that verify your service-connected disability status as certified by the VA
- A letter from VA Caregiver Support documenting that you are the veteran's primary family caregiver

## Use of Information

We use the information on this form to properly identify you and determine if you qualify for this market value exclusion. Your Social Security or Individual Tax Identification number is required. If you do not provide the required information, your application will be denied.

## Penalties

Making false statements on this application is against the law. Minnesota Statutes, section 609.41, states that anyone giving false information in order to avoid or reduce their tax obligations is subject to a fine of up to \$3,000 and/or up to one year in prison.

## Additional Resources

Your county's Veterans Service Office and Assessor's Office can assist you with properly filling out this form. Information may be found on the Department of Revenue's website at [www.revenue.state.mn.us](http://www.revenue.state.mn.us).



Return to:

Crow Wing County Land Services  
322 Laurel Street, Suite 15  
Brainerd, MN 56401