

**AFFIDAVIT**

**FOR DISABLED VETERAN OF THE UNITED STATES ARMED FORCES**

**STATE OF NORTH DAKOTA  
COUNTY OF GRAND FORKS**

**TO BE FILED WITH  
CITY ASSESSOR  
P. O. Box 5200  
GRAND FORKS, ND 58206-5200**

**PER §57-02-08.8**

**PARCEL #** \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify that I reside at \_\_\_\_\_

\_\_\_\_\_ in the County of Grand Forks and that I own and occupy the following described

real estate: \_\_\_\_\_.

I hereby attest that I am a disabled veteran of the United States Armed Forces who was discharged under honorable conditions or who has been retired from the armed forces of the United States with an armed forces service-connected disability of fifty percent or greater, or the un-remarried surviving spouse if the veteran is deceased.

**I also authorize the release of any yearly changes in my service connected disability rating between the Grand Forks County Veteran Service Office and the Grand Forks County Tax Equalization Office or the Grand Forks City Assessor's Office.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature