

# AFFIDAVIT OF BLIND PERSON FOR PROPERTY TAX EXEMPTION

PURSUANT TO NEVADA REVISED STATUTE 361.085

ID# _____
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 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 to: (Check Box Below)**

(If choosing more than one, please split the amount for each, not to exceed the total of the Exemption.)

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

**Exempt Amount**

- Real Property at the following location address or parcel number: \_\_\_\_\_
- DMV/Governmental Services Tax (When registering vehicle you own) \_\_\_\_\_
- Manufactured Home or Personal Property at the following location address or ID#: \_\_\_\_\_

**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.)**

**Note: This document must be signed before a Notary Public or a Deputy Assessor.**

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: \_\_\_\_\_

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

Email: \_\_\_\_\_

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

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:**

Briana Johnson, County Assessor, Customer Service Division, 500 S. Grand Central Parkway 2<sup>nd</sup> Floor, Las Vegas, NV 89155-1403

or email: [AOCustomerServiceRequests@ClarkCountyNV.gov](mailto:AOCustomerServiceRequests@ClarkCountyNV.gov)