SUPPLEMENTAL FORM FOR PEACEKEEPING MISSIONS & OPERATIONS

This form is no longer required for Disabled Veteran Exemption claims as amended by P.L.2017 c.367.
The veteran provides this form in addition to the
Form DD-214, Armed Forces of the United States Report of Transfer or Discharge,
when the DD-214 is not specific about the details of participation in a Peacekeeping Mission/Operation.

To qualify for the $250 Veteran Property Tax Deduction based on Peacekeeping Missions/Operations, the Veteran **must** have one of the following types of service for a total of 14 days, unless injured in a combat zone.*****

1. Service in the specific country for the Peacekeeping Mission/Operation, OR
2. Service on board any ship actively engaged in patrolling the territorial waters of the specific country for the Peacekeeping Mission/Operation, OR
3. Service in the airspace above the Republic of Bosnia and Herzegovina.

*****_The 14-day requirement is waived when the veteran received a service injury in a combat zone. In that case, the veteran's service is sufficient even if the veteran served less than 14 days in the combat zone._
If Active Wartime Service Period was as part of a Peacekeeping Mission/Operation, as indicated on *Form V.S.S., Veteran/or Surviving Spouse/Surviving Civil Union Partner/Surviving Domestic Partner of a Veteran or Serviceperson Claim for Property Tax Deduction*, please provide the following information regarding that service:

1. CLAIMANT NAME

_____

Name of Claimant Owner

2. CLAIMED PROPERTY LOCATION

_____

Street Address | Unit #, if Co-Op / CCRC | City/Town | Zip Code | Telephone Number

_____

County | Municipality

_____

Block | Lot | Qualifier

_____

Mailing Address if different from Claimed Property Location

3. SERVICE IN THE SPECIFIC COUNTRY

Name of the Country _____

Actual Dates of Service in the Combat Zone_____

4. SERVICE ON BOARD A SHIP

Name of the Vessel _____

Name of Territorial Waters Patrolled _____

Actual Dates of Service Patrolling the Waters _____

5. SERVICE IN AIRSPACE

Name of the Country _____

Actual Dates of Service in Combat Airspace_____

I certify the above declarations are true to the best of my knowledge and belief and understand they will be considered as if made under oath and subject to penalties for perjury if falsified.

_____

Signature of Claimant | Date

Additional proofs for the requirement of Active Wartime Service may be:

1. Military Certificate indicating your participation in the Mission/Operation and the actual dates of service.
2. Deployment Orders.
3. Pay stubs indicating endangerment pay for the time period required.
4. Letter from Military Officer on official letterhead indicating the location, date and type of service.
5. Any other official document to support your claim.