



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

For Assessor Use Only: Exemption#: _____
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 for the 2024/2025 fiscal year of 5,160 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, you must return the affidavit by June 15th prior to the start of the fiscal year or for property acquired between June 15 and June 30, a property owner has until July 5 to claim the exemption for the current fiscal year. Each fiscal year runs from July 1 to June 30. **Any applications received after these deadlines in which Real Property is selected, the exemption will be applied to the property taxes for the 2025/2026 fiscal year.**

☐ CC: RP for
2025/2026

☐ **DMV/Governmental Services Tax**

You may apply the exemption to a vehicle registration with the Nevada Department of Motor Vehicles on a vehicle that you own that has a registration date due during the current fiscal year.

☐ Exemption
Card Printed

☐ **Manufactured/Mobile Home, Aircraft or Business Personal Property Account Number:** _____

Documentation required for this exemption includes 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.

Print Name: _____

Today's Date: _____

Mailing Address: _____

Phone Number: _____

City State Zip: _____

Email Address: _____

Name of Diagnosing
Physician: _____

Signature: _____

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/she executed the instrument.
WITNESS my hand and official seal.

_____, Notary Public

Return this affidavit with required documentation to:

Chris S. Sarman, Washoe County Assessor, ATTN Public Service, 1001 E 9th St, Reno, NV 89512

For questions, call (775)328-2277 or email exemptions@washoecounty.gov.