

STATE OF NEW MEXICO - 2026 TAX YEAR

Certification Form  
Revised 2-20-2026

**DISABLED VETERAN EXEMPTION  
CERTIFICATION OF OWNERSHIP AND  
RESIDENCE**

Pursuant to §7-37-5.1 NMSA 1978,  
as amended in 2026

**PLEASE READ CAREFULLY**

County Name		County Assessor's Phone Number		Tax Year
Disable Veteran's First Name		Middle Initial	Last Name	
Present Mailing Address ( Number & Street, P. O. Box or Rural Route )				
City & State		Zip Code	Phone Number	
Veteran Certificate Number			Acreage/ Percentage	UPC

**PART II PROPERTY INFORMATION**

Property Address:

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**PART III CERTIFICATION BY DISABLED VETERAN - (To be signed by Disabled Veteran)**

I certify that I am an owner of the property referenced above and that I occupy the property continuously as my principal place of residence.

These statements made are true and accurate. I understand that a person who violates the provisions of Section 7-37-5.1 NMSA 1978 by intentionally claiming and receiving the benefit of an exemption to which the person is not entitled or who fails to comply with the provisions of Subsection D of this section is guilty of a misdemeanor and shall be punished by a fine of not more than one thousand dollars (\$1,000).

Signature of Disabled Veteran: \_\_\_\_\_ Date: \_\_\_\_\_

**PART IV INSTRUCTIONS – SECTION 7-37-5.1 NMSA 1978**

A disabled veteran shall present to the assessor a form prescribed by the department certifying that the veteran is an owner of the property and occupies the property continuously as the veteran's principal place of residence. The form shall be accompanied by the disabled veteran's certificate of eligibility issued by the veterans' services department and be presented to the county assessor at the time the disabled veteran exemption is initially claimed and upon any change in ownership of the property;

I affirm that I owned this property on January 1st of the year of this application.

**PER N.M. CODE R3.6.6.13 ALL ACREAGE OVER FIVE ACRES WILL BE ASSESSED AND TAXED**

**FOR OFFICE USE ONLY**

Updated By: \_\_\_\_\_ Date: \_\_\_\_\_

Exemption Granted \_\_\_\_\_ Appraisal Notified Yes No

Percentage Veterans Exemption \_\_\_\_\_ Disabled Veterans Exemption \_\_\_\_\_