



**CITY OF SAINT LOUIS  
OFFICE OF THE ASSESSOR**

**Francis Slay**  
MAYOR

**Freddie L. Dunlap**  
ASSESSOR

114-120 CITY HALL  
ST. LOUIS, MO 63103

**AFFIDAVIT – (This form must be notarized)**

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State of Missouri  
City of St. Louis

In accordance with the November 2, 2010 election, the Missouri voters passed House Joint Resolution 15, Disabled POW Exemption. This measure amends Article X, Section 6 of the Missouri Constitution to read, in pertinent part:

“All property, real and personal, of the state, counties and other political subdivisions, and nonprofit cemeteries, **and all real property used as a homestead as defined by law of any citizen of this state who is a former prisoner of war, as defined by law, and who has total service-connected disability,** shall be exempt from taxation.” (New language in bold type)

Therefore, this affidavit is confirmation that \_\_\_\_\_, husband and wife, are the owners of the real property located at \_\_\_\_\_ and that they owned and occupied this home as their primary residence for calendar year \_\_\_\_\_.

**The following is a complete list of the required information to be provided along with this affidavit:**

1. Documents or sworn affirmation that the applicant occupies the homestead as his or her primary residence.
2. A letter from the United States Government or United States Department of Veterans Affairs as proof



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3. of service-connected total disability;

**AND**

4. (a) Form DD214 (Discharge Certificate) showing Ex-prisoner of war status;

**OR**

(b) A letter from the military personnel records center, AKA National Archives and Records Administration (NARA) or the United States Department of Veteran Affairs indicating that the applicant is a former prisoner of war.

This confirmation is attested to by signatures:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

STATE OF MISSOURI) ss  
CITY OF ST. LOUIS )

Subscribed and sworn to before me, \_\_\_\_\_, a Notary Public  
within and for the City of St. Louis, State of Missouri, this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My term expires: \_\_\_\_\_