

**HOMESTEAD EXEMPTION
REQUEST FORM**

(A separate copy of this form must be completed by each heir requesting an exemption.)

NAME _____

ADDRESS _____

PHONE NUMBER _____

NAME OF THE DECEASED: _____

RELATIONSHIP TO THE DECEASED: _____

NUMBER OF HEIRS INHERITING THE HOMESTEAD: _____

Please complete both sections below.

Section I

The decedent's homestead was valued at \$ _____.

_____ I have enclosed a copy of the town's appraised value of the homestead at the time the estate was opened in the probate court.

Section II

I qualify for the hardship exemption because:

_____ My gross family income was under 300% of the federal poverty level at the time the estate was opened in the probate court; **and**

_____ A completed form OVHA-15 is enclosed.

or

_____ I provided support (financially or otherwise) which delayed or avoided the decedent's placement in a nursing home by at least six months; **and**

_____ A completed form OVHA-14 is enclosed.

(If you have questions, please contact DVHA's Member Provider Services Unit @ 802-241-9343 or jennifer.whalen@vermont.gov.)

Please mail this form along with supporting documentation to:

State of Vermont
Department of Vermont Health Access
ATTN: Member Provider Services Unit
280 State Drive, NOB 1 South
Waterbury, VT 05671-4020