



Hillsborough County

Hillsborough County Active Military Combat Duty Grant Application

Military Member Name: _____ Telephone _____

Applicant, if other than the Military Member: _____

Property Address: _____ City: _____ State: _____ Zip Code: _____

FOLIO NO. _____ Ad Valorem Taxes Paid: _____ Tax Year _____

Military Service: (circle one) AF Army CG N MC Reserve Branch _____ Nat Guard Branch _____

Combat Zone Service Location _____ Dates From: _____ To: _____

NOTE: This application must be accompanied by:

1. Copy of the document verifying dates of combat pay awarded;
2. Copy of Hillsborough County Notice of Ad Valorem Taxes and Non-Ad Valorem Assessments for the Respective Tax Year;
3. Proof of Homestead Exemption (Exemption status is shown on above Ad Valorem Tax Notice);
4. Signed copy of Form W-9

Note: If anyone other than the military member is applying, please provide a copy of the legal document authorizing a specific agent to act on behalf of the service member.

CERTIFICATION

I certify that the military member identified in this application owns and resides in the property listed above for which I am applying. I understand that the grant amount will not exceed \$1500. If this is not true, please explain the circumstances on an attached page.

(Signature of Applicant)

(Date)

(Signature of Veteran Affairs Office Representative)

(Date)

(ID Verified)

(Grant Amount)

If the applicant is not able to personally bring the application and supporting documents, please complete the notarized statement below for signature verification.

Sworn to and subscribed before me this _____ day of _____ by _____.
(Day) (Month/Year) (Printed Name)

who signed with a mark in the presence of these witnesses, _____.
(Signature)

Notary (State of _____).

Print, Type, or Stamp Commissioned Name _____.

Type of Identification Produced _____.

If the property is no longer owned by the military member above, provide the date the property was sold or transferred _____.

Batch Date	
Document No.	
Vendor No.	
Document Amt.	
No. of Lines	
Trans Hash	
Entered By:	
Sig. Approval	