



**Hillsborough County
Hillsborough County Disabled Veteran Grant
Application**

Veteran Name: _____ Telephone _____

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

FOLIO NO. _____ County 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 duty (First Grant Year only).
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
5. Copy of Veterans Affairs Rating Decision.

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 veteran.

CERTIFICATION

I certify that the applicant identified in this application owns or 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

Grant Amount

If the property is no longer owned by the military member identified above, please 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	

DISABLED VETERAN GRANT

(Supplemental Information)

(Please complete all information below)

Date _____

Last Name _____ First Name _____

SSN# _____ Date of Birth _____

What is the effective date of your VA Service Connected Disabilities? _____

Were your Service Connected Disabilities due to military service in a combat zone? _____
(Yes/No)

What is the Sum (Total) of your Service Connected Disability Ratings? _____%

What is the date you paid your Ad Valorem Property Taxes? _____

What is the dollar amount of Ad Valorem taxes paid to Hillsborough County? \$ _____

*******FOR VETERANS AFFAIRS USE ONLY*******

\$ _____ X _____% = \$ _____
(Ad Valorem Taxes Paid) (Sum of S/C Ratings %) (Disabled Veteran Grant)

Document used to verify Combat Zone participation _____

Document used to verify VA S/C Disability Rating _____

Effective Date of VA S/C Disability Rating _____

Veteran Service Officer _____
(Print) (Signature)

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