

POLK COUNTY BOARD OF COUNTY COMMISSIONERS
ACTIVE MILITARY COMBAT DUTY GRANT APPLICATION
Veterans Services Division
Drawer HS 08, Post Office Box 9005
Bartow, Florida 33831-9005
(863) 534-5220



MEMBER NAME:	TELEPHONE:
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Applicant Name, if other than the Military Member: _____

PROPERTY ADDRESS:	CITY:	ZIP CODE:
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PARCEL ID#:	AD VALOREM TAXES PAID Yes _____ No _____	TAX YEAR:
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MILITARY SERVICE: Army __ MC__ N__ CG __ AF __	RES BRANCH _____ BRANCH _____
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COMBAT ZONE SERVICE LOCATION:	DATES: FROM _____ TO _____
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NOTE: The following documents must accompany this application:

1.	Copy of the document verifying dates in a combat zone.
2.	Copy of Polk County Property Tax Receipt for the appropriate Tax Year.
3.	Proof of Homestead Exemption (exemption status is shown above the Ad Valorem Tax Notice)

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 I, the military member identified in this application owns or owned the homestead property listed above for which I am applying. I further understand that the grant amount will not exceed **\$1,500**. If this is not true, please explain the circumstances on an attached page.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

SIGNATURE OF COUNTY OFFICIAL: _____ **DATE:** _____

GRANT AMOUNT: \$ _____

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

State of Florida
 County of _____

Sworn to and subscribed before me this _____ day of _____ 20 _____

by _____ in the presence of these witnesses:
 (Printed name of person making statement)

 (Witness) _____ (Witness)

Notary Signature: _____ Notary Seal: _____

Personally Know _____ OR Produced Identification _____

Type of Identification Produced _____

NOTE: If the property is no longer owned by the military member above, provide the date the property was sold or transferred: Date Sold: _____ Date Transferred: _____

Reviewed By: _____ Date Submitted: _____