



APPLICATION FOR TAX EXEMPTION FOR SURVIVING SPOUSE OF VETERAN WITH TOTAL AND PERMANENT SERVICE CONNECTED DISABILITY

PARCEL #: \_\_\_\_\_ TAX YEAR: \_\_\_\_\_
NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_
PROPERTY ADDRESS: \_\_\_\_\_ MAILING ADDRESS: \_\_\_\_\_

FLORIDA DRIVER'S LICENSE NUMBER: \_\_\_\_\_
SOCIAL SECURITY NUMBER: \_\_\_\_\_

Note: Disclosure of the applicant's social security number is mandatory. It is required by Section 196.011 (1) Florida Statutes. The social security number will be used to verify taxpayer identity with the State of Florida Department of Revenue

I HAVE ENCLOSED COPIES OF THE FOLLOWING DOCUMENTS WITH THIS APPLICATION ( FL Statute 196.24):

- Letter from Veterans' Administration Stating Service-Connected Disability (VA Form 27-333/27-333s/27-125/27-125s)
Military Discharge Documents
Marriage Certificate
Death Certificate

YOU MUST HAVE THE FOLLOWING STATEMENT NOTARIZED

I, the undersigned \_\_\_\_\_ swear that I am the surviving spouse of \_\_\_\_\_ an honorably discharged veteran. We were married on \_\_\_\_\_ and were not divorced prior to their death on \_\_\_\_\_. I have not remarried since their death.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_
COUNTY \_\_\_\_\_ OF STATE OF FLORIDA

SUBSCRIBED AND SWORN to me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_
Notary Public \_\_\_\_\_
My commission expires: \_\_\_\_\_

