



HERNANDO COUNTY ACTIVE MILITARY COMBAT DUTY GRANT PROGRAM

Name: _____

Address: _____

Parcel ID No. or Key No.: _____

Branch of Military Service: (circle one)

Air Force	Army	Coast Guard	Navy
Marine Corps	Air Force Reserve	Army Reserve	National Guard
Navy Reserve	Marine Corps Reserve		

Combat Zone and dates: _____

This application must be accompanied by:

1. Copy of document(s) verifying Combat Service.
2. Verification of property taxes paid (which do not include taxes associated with the Hernando County School Board, the Southwest Florida Water Management District, no ad valorem taxes levied by any special service district) for the calendar year of combat duty claimed.
3. Proof of Homestead Exemption.
4. Copy of legal document authorizing a specific agent to act on behalf of the service member / veteran.

Submit application in person to:

Hernando County Veteran Services
7479 Forest Oaks Blvd.
Spring Hill, FL 34606-2449
(352) 754-4033

“I certify that I own and reside at the property on which I am claiming this tax grant.”
(If this is not true, please explain the circumstances on separate sheet.)

Signature of applicant

Date