



Seminole County Application for Veterans Disability

Section 6, Article VII, Florida Constitution

- Were you honorably discharged from military service? No Yes
- Are you older than 65 and a portion of your service-connected disability is combat related? No Yes, _____%
- Do you currently have a homestead exemption in **Seminole County**, or if not, have you applied for homestead exemption? No Yes

PROPERTY IDENTIFICATION NUMBER:	TAX YEAR:

APPLICANT NAME:	PHONE:
MAILING ADDRESS:	PHYSICAL ADDRESS:
	SPOUSE NAME:
DRIVER LICENSE:	SPOUSE DRIVER LICENSE:
SSN:	SPOUSE SSN:
DATE OF BIRTH:	SPOUSE DATE OF BIRTH:

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.

DOCUMENTATION REQUIRED (valid documentation must be submitted to this office)

- Copy of a Letter from the Veteran's Administration Office reflecting a service-connected disability and the percentage.
- Evidence from the United States Department of Veterans Affairs or military branch identifying a portion of the disability as combat related (if not included in the above VA letter)
- Copy of Florida Driver's License (Including Spouse)

Signature of applicant _____ Date: _____
Signature of SCPA deputy _____ Date: _____

FOR OFFICE USE ONLY

- VETERAN DISABILITY 5000, CODE 04
- VETERAN DISABILITY T & P, CODE 21
- VETERAN DISABILITY COMBAT 65, CODE 12 AT _____%