

**POLK COUNTY BOARD OF COUNTY COMMISSIONERS**

Revised 11/2018  
ADA Compliant

**ACTIVE MILITARY COMBAT DUTY GRANT APPLICATION**

**Veterans Services Division  
Drawer HS 08, Post Office Box 9005  
Bartow, Florida 33831-9005  
(863) 534-5220**



<b>MEMBER NAME:</b>	<b>TELEPHONE:</b>
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Applicant Name, if other than the Military Member: \_\_\_\_\_

<b>PROPERTY ADDRESS:</b>	<b>CITY:</b>	<b>ZIP CODE:</b>
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<b>PARCEL ID#:</b>	<b>AD VALOREM TAXES PAID</b> Yes _____ No _____	<b>TAX YEAR:</b>
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<b>MILITARY SERVICE:</b> Army __ MC__ N__ CG __ AF __	<b>RES BRANCH</b> _____ <b>BRANCH</b> _____
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<b>COMBAT ZONE SERVICE LOCATION:</b>	<b>DATES:</b> 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: \_\_\_\_\_