VETERANS REAL ESTATE RELIEF

NAME OF APPLICANT: _____

ADDRESS: _____

_____

PHONE #: _____

MAGISTERIAL DISTRICT: _____

PERCENTAGE OF DISABILITY: _____

PLEASE ATTACH DEPARTMENT OF VETERANS AFFAIRS LETTER
TO QUALIFY YOU MUST BE DETERMINED 100% DISABLED
OR 100% UNEMPLOYABLE BY VETERANS ADMINISTRATION

SIGNATURE OF APPLICANT: _____

_____

FOR OFFICE USE ONLY

_____	_____
TOTAL ASSESSMENT	**TAX**

_____	+ _____	= _____
VALUE 0F 10 ACRES	**HOUSE ASSESSED**	**EXEMPT ASSESSED**

EXONERATED VALUE_____ TAX$_____