

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
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_____ + _____ = _____

VALUE OF 10 ACRES	HOUSE ASSESSED	EXEMPT ASSESSED
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EXONERATED VALUE _____ TAX\$ _____