

JOHN C. EMERSON, CFA
HERNANDO COUNTY PROPERTY APPRAISER
PHONE: (352) 754-4190
WEBSITE: www.hernandocounty.us/pa

◆ **BROOKSVILLE OFFICE** ◆
201 Howell Avenue, Suite 300
Brooksville, FL 34601-2042
Fax Numbers:

Administration (352) 754-4198
Real Property/Tangible (352) 754-4198
Exemptions/Central GIS (352) 754-4194



"To Serve & Assess With Fairness"

◆ **WESTSIDE OFFICE** ◆
7525 Forest Oaks Blvd.
Spring Hill, FL 34606-2400
Fax Numbers:
Addressing (352) 688-5060
Exemptions (352) 688-5088

Key # _____

Tax Roll Year: _____

Dear Property Owner:

Florida Statute 196.24 reads in part...

"any ex-service member, who is a bona fide resident of the state, who was discharged under honorable conditions, and who has been disabled to a degree of 10 percent or more while serving during a period of wartime service is entitled to the exemption from taxation on property to the value of \$5,000.

If you are a disabled veteran or the surviving spouse of a disabled veteran, you may be eligible for a \$5,000 Disabled Veteran's Exemption. In order to receive the exemption for the upcoming Tax Year, you must provide a letter from the United States Department of Veteran's Affairs indicating your percent of disability. The letter required is Letter #27-125 and may be obtained by contacting the Veterans Administration at (800) 827-1000.

If you are currently receiving a Homestead exemption, please complete the required information on the bottom of this form including your signature and the date. Attach and mail your VA Disability letter and a copy of the front and back of your Driver's License to one of our offices listed above **prior to March 1** of the year filing. Information submitted after March 1 will be considered for the following Tax Year.

Thank you,

Manuel J. Padrón MSM, CFE
Chief Deputy of Administration & Technology

I am a disabled veteran who is entitled to a \$5,000 Disability Exemption or the Surviving Spouse of a disabled veteran under Section 196.24 Florida Statutes and I am a permanent resident of Hernando County, Florida.

Signature: _____ Date: _____

Address: _____

Phone: _____ E-mail: _____