

2300 Virginia Avenue Fort Pierce, FL 34982 Phone: 772.462.1000

Fax: 772.462.1058

STATE BENEFIT VERIFICATION FORM

PARCEL ID	A	.PP ID
APPLICANT(S):		
· /	Please Print	Please Print
	Signature	 Signature
	Signature	Signature
-	, , ,	Date rty tax exemption or other benefit for that I or my spouse own at:
tax year as of Ja	ceive a residency based proper anuary 1 on property the	rty tax exemption or other benefit for the
tax year as of Ja	eceive a residency based proper anuary 1 on property the	rty tax exemption or other benefit for that I or my spouse own at:
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street ADDRI CITY: crtify that the above apabove referenced projections.	rceive a residency based proper anuary 1 on property the ESS: STATE: FOR OFFICIAL US oplicant(s) do not receive a residence perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the second content of the perty as of January 1 for the perty as of J	rty tax exemption or other benefit for that I or my spouse own at: ZIP: