

Property Valuation Administrator's Office

Of Hopkins County
25 East Center Street
Madisonville, Kentucky 42431
270-821-3092

Name of Applicant _____

Address _____

City, State _____ Zip Code _____ Phone No. _____

Disability

Agency SS VA U.S. Dept. Of Labor Railroad Retirement Bd. Other

Claim # (Social Security #) _____

I hereby affirm under penalty of perjury that I am 100% disabled and will receive payments covering all twelve months of the current year from the Agency marked above. I also authorize the Agency marked above to disclose information, which will verify this claim to the Property Valuation Office.

Signature of Applicant _____ Social Security Number _____ Date _____

OFFICE USE ONLY

Employee Initials _____ Renewal First Application _____

PVA Map _____ Assessment _____ District _____ F/R/C _____

AGENCY VERIFICATION

The applicant is _____ is not _____ receiving benefits from the Agency marked above. These benefits are based on total disability. These benefits have _____ have not been _____ paid monthly from January through this date.

Agency Employee _____ Date _____

PVA ACTION

THIS APPLICATION IS APPROVED UNLESS NOTED BELOW.

Reason Disapproved _____

PVA Employee _____ Date _____

DEX _____
PVD _____
FLAG _____