



ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS

DR-501
R. 06/17
12DER17-02
Eff. 06/17

Permanent Florida residency required on January 1.
Application due to property appraiser by March 1.

FOR THE 2017 TAX YEAR, the application for first responders injured in the line of duty or a surviving spouse is **DUE BY AUGUST 1, 2017.**

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------|
| County | Tax Year | Parcel ID |
| I am applying for homestead exemption, \$25,000 to \$50,000 <input type="checkbox"/> New <input type="checkbox"/> Change | | |
| Do you claim residency in another county or state? Applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No Co-applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Applicant | Co-applicant/Spouse |
| Name | | |
| *Social Security # | | |
| Immigration # | | |
| Date of birth | | |
| % of ownership | | |
| Date of permanent residency | | |
| Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | |
| Homestead address | | Mailing address, if different |
| Legal description | | Phone |
| Type of deed _____ | Date of deed _____ | Recorded: Book _____ Page _____ Date _____ |
| Did any applicant receive or file for exemptions last year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Previous address: | | |
| Please provide as much information as possible. Your county property appraiser will make the final determination. | | |
| Proof of Residence | Applicant | Co-applicant/Spouse |
| Previous residency outside Florida and date terminated | date | date |
| FL driver license or ID card number | date | date |
| Evidence of relinquishing driver license from other state | | |
| Florida vehicle tag number | | |
| Florida voter registration number (if US citizen) | date | date |
| Declaration of domicile, enter date | date | date |
| Current employer | | |
| Address on your last IRS return | | |
| School location of dependent children | | |
| Bank statement and checking account mailing address | | |
| Proof of payment of utilities at homestead address | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name and address of any owners not residing on the property | | |

*Disclosure of your social security number is mandatory. It is required by section 196.011(1)(b), Florida Statutes. The social security number will be used to verify taxpayer identity and homestead exemption information submitted to property appraisers.

In addition to homestead exemption, I am applying for the following benefits.
See page 3 for qualification and required documents.

By local ordinance only:

Age 65 and older with limited income (amount determined by ordinance)

Age 65 and older with limited income and permanent residency for 25 years or more

\$500 widowed \$500 blind \$500 totally and permanently disabled

Total and permanent disability - quadriplegic

Certain total and permanent disabilities - limited income and hemiplegic, paraplegic, wheelchair required, or legally blind

Disabled veteran discount, 65 or older

Veteran disabled 10% or more

Disabled veteran confined to wheelchair, service-connected

Service-connected totally and permanently disabled veteran or surviving spouse

Surviving spouse of veteran who died while on active duty

First responder totally and permanently disabled in the line of duty or surviving spouse

Surviving spouse of first responder who died in the line of duty

Other, specify: _____

I authorize this agency to obtain information to determine my eligibility for the exemptions applied for. I qualify for these exemptions under Florida Statutes. I own the property above and it is my permanent residence or the permanent residence of my legal or natural dependent(s). (See s. 196.031, Florida Statutes.)

I understand that under section 196.131(2), F.S., any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to one year, a fine up to \$5,000, or both.

Under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

Signature, applicant
Date _____ Phone _____

Signature, co-applicant
Date _____ Phone _____

Signature, property appraiser or deputy Date _____

Entered by Date _____

Penalties

The property appraiser has a duty to put a tax lien on your property if you received a homestead exemption during the past 10 years that you were not entitled to. The property appraiser will notify you that taxes with penalties and interest are due. You will have 30 days to pay before a lien is recorded. If this was not an error by the property appraiser, you will be subject to a penalty of 50 percent of the unpaid taxes and 15 percent interest each year (see s. 196.011(9)(a), F.S.). For special requirements for estates probated or administered outside Florida, see s. 196.161(1), F.S.

The information in this application will be given to the Department of Revenue. Under s. 196.121, F.S., the Department and property appraisers can give this information to any state where the applicant has resided. Social security numbers will remain confidential under s.193.114(5), F.S.

Contact your local property appraiser or
visit the Department of Revenue's website at <http://floridarevenue.com/property/>

EXEMPTION AND DISCOUNT REQUIREMENTS

Homestead Every person who owns real property in Florida on January 1, makes the property his or her permanent residence or the permanent residence of a legal or natural dependent, and files an application may receive a property tax exemption up to \$50,000. The first \$25,000 applies to all property taxes. The added \$25,000 applies to assessed value over \$50,000 and only to non-school taxes.

Your local property appraiser will determine whether you are eligible. The appraiser may consider information such as the items requested on the bottom of page 1.

Save our Homes (SOH) Beginning the year after you receive homestead exemption, the assessment on your home cannot increase by more than the lesser of the change in the Consumer Price Index or 3 percent each year, no matter how much the just value increases. If you have moved from one Florida homestead to another within the last two years, you may be eligible to take some of your SOH savings with you. See your property appraiser for more information.

**This page does not contain all the requirements that determine your eligibility for an exemption.
Consult your local property appraiser and Chapter 196, Florida Statutes, for details.**

| Added Benefits Available for Qualified Homestead Properties | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| | Amount | Qualifications | Forms and Documents* | Statute |
| Exemptions | | | | |
| Local option, age 65 and older | Determined by local ordinance | Local ordinance, limited income | Proof of age DR-501SC, household income | 196.075 |
| | The amount of the assessed value | Local ordinance, just value under \$250,000, permanent residency for 25 years or more. | DR-501SC, household income | |
| Widowed | \$500 | | Death certificate of spouse | 196.202 |
| Blind | \$500 | | Florida physician, DVA*, or SSA** | 196.202 |
| Totally and Permanently Disabled | \$500 | Disabled | Florida physician, DVA*, or SSA** | 196.202 |
| | All taxes | Quadriplegic | 2 Florida physicians or DVA* | 196.101 |
| | All taxes | Hemiplegic, paraplegic, wheelchair required for mobility, or legally blind Limited income | DR-416, DR-416B, or letters from 2 FL physicians (For the legally blind, one can be an optometrist.) Letter from DVA*, and DR-501A, household income | 196.101 |
| Veterans and First Responders Exemptions and Discount | | | | |
| Disabled veteran discount, age 65 and older | % of disability | Combat-related disability | Proof of age, DR-501DV Proof of disability, DVA*, or US government | 196.082 |
| Veteran, disabled 10% or more by misfortune or during wartime service | Up to \$5,000 | Veteran or surviving spouse of at least 5 years | Proof of disability, DVA*, or US government | 196.24 |
| Veteran confined to wheelchair, service-connected, totally disabled | All taxes | Veteran or surviving spouse | Proof of disability, DVA*, or US government | 196.091 |
| Service-connected, totally and permanently disabled veteran or surviving spouse | All taxes | Veteran or surviving spouse | Proof of disability, DVA*, or US government | 196.081 |
| Surviving spouse of veteran who died while on active duty | All taxes | Surviving spouse | Letter attesting to the veteran's death while on active duty | 196.081 |
| First responder totally and permanently disabled in the line of duty or surviving spouse | All Taxes | First responder or surviving spouse | Proof of Disability, employer certificate, physician's certificate and SSA** (or additional physician certificate) | 196.102 |
| Surviving spouse of first responder who died in the line of duty | All taxes | Surviving spouse | Letter attesting to the first responder's death in the line of duty | 196.081 |
| Department of Revenue (DR) forms are available at http://floridarevenue.com/dor/property/forms/ . *DVA is the US Department of Veterans Affairs or its predecessor. **SSA is the Social Security Administration. | | | | |