



Affidavit for Ad Valorem Tax Exemption
by Hospitals, Nursing Homes and Homes for Special Services

DR-504S
R. 12/07

Each apartment owner or renter must complete this affidavit to qualify for exemption under Section 196.1975, Florida Statutes.

Name _____ Age _____

Spouse's name _____ Age _____

Name of building _____ Apt. number _____

1. Do the resident and/or spouse live in the unit and consider it their permanent home?

Resident: Yes No

Spouse: Yes No

2. Was the resident and/or spouse a permanent resident of the state of Florida prior to January 1 of this year?

Resident: Yes No

Spouse: Yes No

3. Gross Income:

Earned Income.....\$ _____

Income from Investments\$ _____

Gains Derived from Disposition of Appreciated Property\$ _____

Interest\$ _____

Rents.....\$ _____

Royalties\$ _____

Dividends\$ _____

Annuities\$ _____

Social Security Benefits\$ _____

Income from Retirement Plans\$ _____

Pensions.....\$ _____

Trusts.....\$ _____

Estates\$ _____

Inheritances.....\$ _____

Direct and Indirect Gifts\$ _____

Other (Specify)\$ _____

TOTAL \$ _____

4. Were the resident and or spouse at least 62 years old on January 1 of this year?

Resident: Yes No

Spouse: Yes No

5. Are the resident and or spouse totally and permanently disabled? If yes, documentation of total and permanent disability must be attached to this affidavit.

Resident: Yes No

Spouse: Yes No

6. Has the resident of the unit claimed homestead exemption on any other property for the current year?

Resident: Yes No

Spouse: Yes No

7. Does the resident and or spouse consider this unit their permanent home as of January 1?

Resident: Yes No

Spouse: Yes No

8. Was the resident and or spouse both aged 62 years or older on January 1 of this year?

Resident: Yes No

Spouse: Yes No

I (We), the undersigned hereby swear that the above is true and correct.

Resident _____

Spouse _____

Date _____

State of Florida

County of _____

The following statement was sworn and subscribed before me this, date _____
date

by _____ who is personally known to me or who has produced

_____ as type of identification.
type of ID

Notary Public Signature and Seal