

STATEMENT OF GROSS INCOME
Section 196.101(3)(c), Florida Statutes

DR-501A
R. 06/94

This statement must be completed and signed by applicants for the Exemption for Totally and Permanently Disabled Persons, Section 196.101, Florida Statutes, and attached to the exemption application.

Name of all persons residing in or upon homestead for which exemption is requested.

Three sets of horizontal lines for listing names of persons.

Gross Income: Include that of all persons listed above. Attach prior year Federal Income Tax Return(s) and Wage and Income Statement(s) (W-2) for all persons listed above.

GROSS INCOME:

Table with 4 columns: Category, Amount (\$), Category, Amount (\$). Rows include Earned Income, Veterans Administration Benefits, Income From investments, Income From Retirement Plans, Gains Derived From Disposition of Appreciated Property, Pensions, Interest, Trusts, Rents, Estates, Royalties, Inheritances, Dividends, Direct and Indirect Gifts, Annuities, Other (Specify), Social Security Benefits, Total Gross Income.

I certify that the above Statement of Gross Income is true and correct to the best of my knowledge and belief.

APPLICANT

STATE OF FLORIDA
COUNTY OF _____

The following instrument was sworn to and subscribed before me this date _____ date
by _____ who is personally known to me or who has produced _____ (Type of ID)
as identification .

NOTARY PUBLIC SIGNATURE AND SEAL