



APPLICATION FOR HOMESTEAD EXEMPTION

NEW CHANGE ADDITIONAL YEAR: _____ PROPERTY ID NUMBER: _____

PHYSICAL ADDRESS: _____

| |
|---|
| CODES: |
|---|

OWNER'S NAME AND MAILING ADDRESS: _____ LEGAL: _____

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DEED TYPE: _____ BOOK/PAGE: _____ SALE DATE: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

1. YES NO ARE YOU A CITIZEN OF THE UNITED STATES? IF NOT, HOMESTEAD IS GRANTED ONLY TO THOSE PERSONS WHO CAN PROVIDE A COPY OF AN ALIEN RESIDENT CARD (GREEN CARD) OR LETTER GRANTING PERMANENT STATUS. YOU MUST ATTACH A COPY OF YOUR GREEN CARD OR LETTER TO THIS APPLICATION.
IMMIGRATION # _____
2. WHAT DATE DID YOU MOVE INTO THIS PROPERTY? MONTH _____ YEAR _____
3. YES NO IS THIS YOUR FIRST TIME APPLYING FOR HOMESTEAD EXEMPTION AT THIS ADDRESS?
4. YES NO DID YOU HAVE HOMESTEAD IN AT LEAST ONE OF THE LAST TWO YEARS? IF YES, MOST RECENT YEAR _____
IF YES, ADDRESS _____ COUNTY _____ STATE _____
5. YES NO DOES ANYONE ON THE TITLE NOT LIVE AT THIS PROPERTY?
IF YES, WHO? _____ WHERE? _____
6. WHAT IS YOUR MARITAL STATUS? SINGLE MARRIED* DIVORCED SEPARATED (NOT DIVORCED) WIDOW/WIDOWER
* IF YOU MARKED MARRIED, YOU MUST PROVIDE SPOUSE'S IDENTIFICATION EVEN IF THEY ARE NOT ON TITLE.

REQUIRED IDENTIFICATION INFORMATION - COPIES REQUIRED

| Owner Name | Social Security # | Driver License # and State OR Florida ID # Non Driver | Date of Birth | Phone Number |
|------------|-------------------|--|---------------|--------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

NOTE: Disclosure of your social security number is mandatory. It is required by section 196.011(1) Florida Statutes. The social security number will be used to verify taxpayer identity information, homestead exemption information submitted to property appraisers and intangible tax information submitted to the Department of Revenue.

NOTE: If all information is not received by March 1st, your application will be processed for whatever exemptions you qualify for on that date.

NOTICE: A tax lien can be imposed on your property pursuant to 196.161, Florida Statutes.

DECLARATION: I hereby authorize this agency to obtain information necessary to determine my eligibility for the exemption(s) applied for. **I hereby make application for the exemptions indicated and affirm that I do qualify for same under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property described above. I understand that section 196.131 (2), Florida Statutes, provides that any person who knowingly and willfully gives false information for the purpose of claiming homestead is guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both. Further, under penalty of perjury, I declare that I have read the foregoing application and the facts in it are true.**

First Owner Signature _____ Date _____

Second Owner Signature _____ Date _____

**YOU MAY BE QUALIFIED FOR OTHER TYPES OF EXEMPTIONS. PLEASE REVIEW THE QUESTIONS ON BACK.
TURN OVER PAGE FOR MORE INFORMATION!!!**

ADDITIONAL EXEMPTION APPLICATION

The following are extra exemptions that are available. Please read carefully to see if you qualify.

- CLEARLY PLACE AN X BY THE EXEMPTION THAT YOU QUALIFY FOR AND ATTACH REQUIRED DOCUMENTATION
- SIGNATURE, SOCIAL SECURITY NUMBER, FLORIDA DRIVER'S LICENSE AND PHONE NUMBER REQUIRED AT BOTTOM OF PAGE
- NOTE: Disclosure of the applicant's social security number is mandatory. It is required by Section 196.011 (1) Florida Statutes. The social security number will be used to verify taxpayer identity with the State of Florida Department of Revenue.

1. **SENIOR (LIMITED INCOME) THIS EXEMPTION CANNOT BE PRE-FILED** - 65 YEARS OF AGE AS OF JANUARY 1ST AND THE TOTAL HOUSEHOLD INCOME FOR THE PRIOR YEAR IS NO MORE THAN **\$26,203**? **THIS INCLUDES THE INCOME OF ANYONE WHO LIVES WITH YOU.** IT DOES NOT INCLUDE YOUR **NON-TAXABLE** SOCIAL SECURITY INCOME.

Total Household income \$ _____ - Please submit a copy of your Federal Income Tax Return or Low Income Senior Affidavit (available by calling 407-665-7506 or on our website www.scpafl.org).

How many persons other than the applicant live at the residence? _____

2. **WIDOW/WIDOWER (NOT DIVORCED PRIOR TO DEATH)** - Reduces property taxable value by \$500. You must send a copy of the Death Certificate at the time you mail this application.
3. **LEGALLY BLIND** - Reduces property taxable value by \$500. Provide a certificate from Blind Services, Veteran's Administration, or physician's certification Form #416B from one Florida doctor (Form available by calling 407-665-7506 or on our website www.scpafl.org Forms must be mailed in with this application. If you are legally blind and have a low Income you may qualify for a total exemption. (See Number 4)
4. **LEGALLY BLIND OR CONFINED PERMANENTLY TO A WHEELCHAIR AND HAVE A LOW INCOME - THIS EXEMPTION CANNOT BE PRE-FILED** - THIS EXEMPTION ALSO APPLIES IF YOU ARE A PARAPLEGIA or HEMIPLEGIA. Pay no taxes except special assessment. **MUST provide physician's certification Form #416 or #416B from two Florida doctors not in same practice** and Income statements for **EVERYONE LIVING IN YOUR HOME**. Forms must be mailed in with this application. (Forms available by calling 407-665-7506 or on our website www.scpafl.org)
5. **QUADRIPLEGIC** - Pay no taxes except special assessment. Provide a physician's certification Form #416 from one Florida doctor (Form available by calling 407-665-7506 or on our website www.scpafl.org) Forms must be mailed in with this application.
6. **DECLARED TOTALLY AND PERMANENTLY DISABLED AND NOT CONFINED TO A WHEELCHAIR** - Exemption reduces property taxable value by \$500. Provide physician's certification Form #416 from one Florida doctor (Forms available by calling 407-665-7506 or on our website www.scpafl.org) Forms must be mailed in with this application.
7. **A VETERAN OR SURVIVING (not re-married) SPOUSE OF A VETERAN THAT THE VETERAN'S ADMINISTRATION DECLARED TOTALLY/PERMANENTLY DISABLED DUE TO A SERVICE-CONNECTED INJURY EXEMPTION** - Total and Permanently service connected disabled pay no taxes except special assessment. Partial service connected disability reduces property taxable value by \$5000. Provide letter from Veteran's Administration V.A. form 27-333 (Total and Permanent -100%) or V.A. form 27-125 (100% rating or less). **VA Letters must be dated prior to January 1 to receive exemption for the current year.** Forms must be mailed in with this application.

I am the Veteran

I am the Surviving Spouse (REQUESTING APPLICATION)

8. **A 65+ YEAR OLD VETERAN, COMBAT RELATED DISABLED, HONORABLY DISCHARGED AND ENLISTED IN FLORIDA** (must meet all of these requirements) - Must provide copy of honorable discharge papers (DD Form 214), Copy of Rating Decision letter (VA FL 27-125), evidence from the United States Department of Veterans Affairs identifying disability as combat related, evidence of Florida residency at time of enlistment, and proof of age. CHECK BOX 8 OR CALL 407-665-7506 TO REQUEST AN APPLICATION FOR THIS EXEMPTION.
9. **PERSONS WHO HAVE CONSTRUCTED OR RECONSTRUCTED SEPARATE LIVING QUARTERS IN THEIR HOME FOR THEIR PARENTS/GRANDPARENTS AFTER JANUARY 2003** - This assessment reduction has many requirements, please call 407.665.7506 for further details or to request an application.

I am qualified for the exemption(s) marked above. I understand that Florida law provides severe penalties for those who receive exemptions for which they are not entitled. The property shall be subject to taxes exempted plus 15% interest per annum and a penalty of 50% of all taxes exempted up to 10 years.

Name(s) (Please print) _____ Phone _____

Complete Address _____

FI Driver's License # _____ SS# _____ DOB _____

FI Driver's License # _____ SS# _____ DOB _____

Signature 1 _____ Signature 2 _____ Date _____