



1101 E. First Street | Sanford, FL 32771

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**APPLICATION FOR HOMESTEAD EXEMPTION**

NEW  CHANGE  ADDITIONAL  YEAR: \_\_\_\_\_ PROPERTY ID NUMBER: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

OWNER'S NAME AND MAILING ADDRESS: \_\_\_\_\_

LEGAL: \_\_\_\_\_

**CODES:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 #	Florida ID # Non Driver 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 HAS A LOW INCOME FOR THE PRIOR YEAR (CALL 407-665-7506 FOR INCOME LIMIT AMOUNT). **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.scpafil.org](http://www.scpafil.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.scpafil.org](http://www.scpafil.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.
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.scpafil.org](http://www.scpafil.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.scpafil.org](http://www.scpafil.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.scpafil.org](http://www.scpafil.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** - Total and Permanently service connected disabled pay no taxes except special assessment. Partial service connected disability reduces property taxable value by \$5000. Submit the VA Disability award letter reflecting "a total and permanent 100% service connected disability" or the VA Disability award letter reflecting "a service connected disability of (designated percent)" effective prior to January 1st. To obtain a copy of this letter, please contact Veteran's Administration at 1-800-827-1000 or visit their website [www.va.gov](http://www.va.gov).
- I am the Veteran       I am the Surviving Spouse (REQUESTING APPLICATION)
8. **A 65+ YEAR OLD VETERAN WITH A COMBAT RELATED DISABILITY AND HONORABLY DISCHARGED** (must meet all of these requirements) - Must provide copy of honorable discharge papers (DD Form 214). Submit the VA Disability award letter reflecting "a combat related service connected disability of (designated percent)" effective prior to January 1st. To obtain a copy of this letter please contact Veteran's Administration at 1.800.827.1000 or visit their website [www.va.gov](http://www.va.gov).
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 \_\_\_\_\_

FL Driver's License # \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

FL Driver's License # \_\_\_\_\_ SS# \_\_\_\_\_ DOB \_\_\_\_\_

Signature 1 \_\_\_\_\_ Signature 2 \_\_\_\_\_ Date \_\_\_\_\_