



APPLICATION FOR REDUCTION IN ASSESSMENT FOR LIVING QUARTERS OF PARENTS OR GRANDPARENTS WHO PERMANENTLY RESIDE ON THE PROPERTY OWNED BY CHILD OR GRANDCHILD

Parcel # _____ Date _____

Owner(s) _____

Address _____

Phone # _____ Tax year _____

This reduction is only to be granted if the construction or reconstruction is consistent with local land development regulations including proper building permits.

- In no year may the total of all applicable assessment reductions exceed twenty 20% of the assessed value of the property.
- All properties that had construction or reconstruction for living quarters for parents/grandparents must have been completed after January 7, 2003
- For construction or reconstruction that is being done this year it must have been completed by January 1st to be exempted for this tax year. You are required to re-apply each year.
- The assessment reduction applies only while the qualified parent/grandparent for whom the living quarters were constructed or reconstructed continues to make this property their permanent residence.
- At least one of the parents or grandparents is at least 62 years of age. **(Copy of FL DL or Non Driver FL ID is required)**
- Must be U.S. Citizen or have Permanent Resident Alien status **(Copy of resident alien card is required)**
- When the qualified parent/grandparent no longer resides at this property the value of the construction or reconstruction will be added to the tax roll at the current market value. It is owner responsibility to contact our office when they no longer qualify.
- The property must be homestead exempted by the child/grandchild owner in the tax year that this additional exemption is being made
- 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.
- Filing Deadline is March 1st but under extraordinary circumstances a late application maybe taken by the 25th day of the Trim period.
- A Tax Lien can be imposed on your property pursuant to 196.161 F.S. if it is determined that you have been receiving this benefit and are not qualified.



(Application cont. pg 2 of 2)

Parcel # _____

1. When was the living quarters completed? _____ (a copy of the permit and plans are required)
2. Briefly describe the improvements (i.e. bedroom with sitting area, bathroom)

3. When did the parent/grandparent begin to reside on the property listed above? _____
4. Is the Parent/Grandparent a US citizen? YES _____ NO _____ (attach green card) Since _____
5. Is this construction for the purpose of allowing the qualified Parent/Grandparent to permanently reside on the property? YES _____ NO _____
6. Does the Parent/Grandparent own any other properties in any other County or State? YES _____ NO _____
If YES list where _____
7. Do they receive a tax benefit from ownership or residency on this property? YES _____ ** NO _____

****If YES we need a release from the county or State showing no benefits attached with this application.**

IDENTITY PARENT/GRANDPARENT	FIRST PARENT/GRANDPARENT	SECOND PARENT/GRANDPARENT
NAME		
SOCIAL SECURITY NUMBER		
DATE OF BIRTH		
FLORIDA DRIVER'S LICENSE OR FLORIDA ID PLEASE PROVIDE A CLEAR COPY WITH APPLICATION		
ALIEN RESIDENT CARD # PLEASE PROVIDE A CLEAR COPY WITH APPLICATION		
SIGNATURE		

Declaration

I hereby make application for the exemptions indicated and affirm that I do qualify for the same under Florida statutes. I am a permanent resident of the State of Florida and I own and occupy the property described on page one. I understand that section 196.131 (2) F.S., 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.

Signature of First Owner _____ SSN _____ Date _____

Signature of Second Owner _____ SSN _____ Date _____