ADDITIONAL EXEMPTION APPLICATION

Clearly place an X by the exemption	i(s) that you qualify for, complete bottom po	rtion, and attach required documentation.	
Must be 65 years of age as of includes the income of anyon	duces taxable value by up to \$25,000 for f January 1, 2024 with a total household be who lives with you. <i>Required document</i> DO NOT file a Tax Return, submit a Low	income of no more than \$35,167. This tation: a copy of your 2023 Federal	
☐ WIDOW/WIDOWER- Reduce Cannot be divorced prior to contact the contact that the contact is the contact that the contact th	ces taxable value by \$5,000 death. Required documentation : a xerox o	r scanned copy of death certificate	
-	e value by \$5,000 nd permanently disabled, but not requirin prida Physician's certification form DR-4:	-	
☐ LEGALLY BLIND - Reduces ta Required documentation: a Flo	exable value by \$5,000 prida Physician's certification form DR-4:	16 or DR-416B*	
	ned permanently to a wheelchair, paraplegic, heming tact our office at 407-665-7512 to learn more about		
SERVICE - CONNECTED DISABLED VETERAN- Reduces taxable value by \$5,000** Required documentation: a copy of the VA Disability award letter reflecting a "service-connected disability of (designated %)". *The un-remarried surviving spouse of such disabled ex-service member is also entitled to the exemption, please contact our office at 407-665-7512 for more information.			
•	ERVICE-CONNECTED COMBAT RELAT y of DD Form 214 and VA Disability awa of (designated %)".	<u> </u>	
	r their surviving spouse with a service-connected ct our office at 407-665-7512 to learn more about		
*Income affidavits and DR-416 Cer	tification forms are available on our website	at scpafl.org or by calling 407-665-7512.	
	ed above. I understand that Florida law provides ser perty shall be subject to taxes exempted plus 15%		
Phone #, FL Driver's	s License, Social Security Number, Date of Birth,	and Signature are required.	
Name(s)		Phone	
Complete Address			
FL Driver's License #	SS#	DOB	
FL Driver's License #	SS#	DOB	
Signature	Date	Date	

Return completed application and all necessary documentation to our office at 1101 E. First St, Sanford, FL 32771.

You may also scan and email to exemptions@scpafl.org.