



**APPLICATION FOR HOMESTEAD EXEMPTION**

NEW  CHANGE  ADDITIONAL  Year: \_\_\_\_\_ Property ID Number: \_\_\_\_\_

Physical Address: \_\_\_\_\_

**CODES:**

**Owner's Name and Mailing Address:** \_\_\_\_\_ **Legal:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 FIRST 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**

Owner Name	Social Security #	Driver License # and State OR Florida ID # Non Driver	Date of Birth	Phone #
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!!!**

YOU MUST COMPLETE THE FRONT OF THIS APPLICATION, ANSWER ALL THE QUESTIONS BELOW AND SEND THE REQUIRED DOCUMENTS WITH THIS APPLICATION IN ORDER TO BE APPROVED FOR ANY OF THE EXTRA EXEMPTIONS. YOU WILL NOT BE APPROVED FOR THESE EXTRA EXEMPTIONS IF THE APPLICATION AND DOCUMENTS ARE MAILED SEPERATELY. PLEASE SIGN BY EACH SPECIAL EXEMPTION YOU ARE APPLYING FOR. PLEASE PROVIDE YOUR PHONE NUMBER IN CASE WE HAVE ANY QUESTIONS. PHONE # \_\_\_\_\_

1. YES  NO  **SENIORS**, ARE YOU 65 YEARS OF AGE AS OF JANUARY 1ST AND IS YOUR TOTAL HOUSEHOLD INCOME FOR THE PRIOR YEAR NO MORE THAN \$25,873? **THIS INCLUDES THE INCOME OF ANYONE WHO LIVES WITH YOU AND WORKS. IT DOES NOT INCLUDE YOUR NON-TAXABLE SOCIAL SECURITY INCOME.**

If yes, (65 years of age with limited income):

Total Household Income\*: \$ \_\_\_\_\_

← \* IRS Tax Return 1040 - line 37 or  
\* IRS Tax Return 1040A - line 21

How many persons live with you? \_\_\_\_\_

Florida Drivers License # or Date of Birth if non-driver \_\_\_\_\_

Social Security # \_\_\_\_\_

Signature \_\_\_\_\_

2. YES  NO  **ARE YOU A WIDOW/WIDOWER (NOT DIVORCED PRIOR TO DEATH OF SPOUSE)?** Reduces property taxable value by \$500. You must include a copy of the Death Certificate with this application.

Signature \_\_\_\_\_

3. YES  NO  **HAVE YOU BEEN DECLARED LEGALLY BLIND?** Reduces property taxable value by \$500. Provide a certificate from blind services, Veteran's Administration, or Florida physician's certification (Form# 416 available by calling 407-665-7506) from one doctor. 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)

Signature \_\_\_\_\_

4. YES  NO  **HAVE YOU BEEN DECLARED LEGALLY BLIND OR CONFINED PERMANENTLY TO A WHEELCHAIR AND MEET LOW INCOME CRITERIA?** **THIS EXEMPTION ALSO APPLIES IF YOU ARE A PARAPLEGIC or HEMIPLEGIC.** Do not pay taxes except special assessment. Provide Florida physician's certification (Form# 416 available by calling 407-665-7506) from two doctors not in same practice and income statements for **EVERONE LIVING IN YOUR HOME.** Forms must be mailed with this application.

Signature \_\_\_\_\_

5. YES  NO  **ARE YOU A QUADRIPLEGIC?** Do not pay taxes except special assessment. Provide a Florida physician's certification (Form# 416 available by calling 407-665-7506) from one doctor. Forms must be mailed with this application.

Signature \_\_\_\_\_

6. YES  NO  **HAVE YOU BEEN DECLARED TOTALLY AND PERMANENTLY DISABLED AND ARE NOT CONFINED TO A WHEELCHAIR?** Reduces property taxable value by \$500. Provide Florida physician's certification (Form# 416 available by calling 407-665-7506) from one doctor. Forms must be mailed with this application.

Signature \_\_\_\_\_

7. YES  NO  **HAS THE VETERAN'S ADMINISTRATION DECLARED YOU TOTALLY/PERMANENTLY DISABLED DUE TO A SERVICE-CONNECTED INJURY?** 100% disabled do not pay taxes except special assessment. ***Partial disability Reduces property taxable value by \$5000.*** Provide letter from Veteran's Administration V.A. form 27-333 (100%) or V.A. form 27-125 (less than 100%) or a V.A. letter stating "in lieu of V.A. form 27-333 or 27-125" declaring service connected disability and effective date. Forms must be mailed with this application.

Signature \_\_\_\_\_

8. YES  NO  **ARE YOU THE SURVIVING SPOUSE OF A VETERAN HAVING A TOTAL/PERMANENT SERVICE CONNECTED INJURY VERIFIED BY THE VETERAN'S ADMINISTRATION?** 100% disabled do not pay taxes except special assessment. ***Partial disability Reduces property taxable value by \$5000.*** To qualify for this exemption you must have been married at least 5 years, have not been divorced from the veteran prior to death and have remained unmarried since their death. This is a request for an application to be mailed to you. Before approval you must return the application with copies of the following: letter from VA listing % of service-connected disability and proof of honorable discharge, marriage and death certificate, notarized affidavit of un-remarried status (provided on application).

Signature \_\_\_\_\_