

ADDITIONAL EXEMPTION APPLICATION

The following are the extra exemptions 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 \$32,561. **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 407-665-7512 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 407-665-7512 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) 665-7512 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 407-665-7512 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 407-665-7512 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. Submit the VA Disability award letter reflecting "a service connected disability of (designated percent)" effective prior to January 1st. To obtain a copy of this please contact the Veterans Administration at 1-800-827-1000 or by visiting their website www.va.gov.
- I am the Veteran I am the Surviving Spouse (REQUESTING APPLICATION)
8. **A 65+ YEAR OLD VETERAN, COMBAT RELATED DISABLED, 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 please contact the Veterans Administration at 1-800-827-1000 or by visiting their website www.va.gov.
9. **FIRST RESPONDER TOTALLY AND PERMANENTLY DISABLED IN THE LINE OF DUTY OR SURVIVING SPOUSE.** Pay no taxes except special assessment. **MUST** be a first responder employed by a Florida agency. Must provide documentation proving disability and certificate from employer. (Forms available by calling 407-665-7512 or on our website www.scpafl.org)

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.

Names(s) (Please print) _____ Phone _____

Complete Address _____

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

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

Signature 1 _____ Signature 2 _____ Date _____