

ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS

DR-501 R. 01/18 Rule 12D-16.002, F.A.C Eff. 01/18

Permanent Florida residency required on January 1. Application due to property appraiser by March 1.

County		Tax Year	Parc	cel ID			
I am applying for hor	mestead exer	nption, \$25,000 to \$50,0	000	New	☐ Change		
Do you claim resider	ncy in anothe	r county or state? App	licant?] Yes [No Co-applicant?	? 🗌 Yes 🗌 No	
		Applicant			Co-applicant/Spouse		
Name							
*Social Security #							
Immigration #							
Date of birth							
% of ownership							
Date of permanent residency							
Marital status	☐ Single ☐	Married Divorced D	Widowed				
Homestead address				Mailing address, if different			
Legal description				Phone			
Type of deed		Date of deed	Recorde	d: Boo	k Page	Date	
Did any applicant red	ceive or file fo	or exemptions last year?) [Ye	es 🗌 No	0		
Previous address:							
Please provide as m	uch informati	on as possible. Your co	unty prop	erty appr	aiser will make the fir	nal determination.	
Proof of Resi	idence	Applica	ant		Co-applican	t/Spouse	
Previous residency outside Florida and date terminated		date		ite		date	
FL driver license or ID card number		date		ate		date	
Evidence of relinquishi license from other state							
Florida vehicle tag num	nber						
Florida voter registration number (if US citizen)		date		ite		date	
Declaration of domicile, enter date		date		ite		date	
Current employer							
Address on your last IF	RS return						
School location of deper	ndent children						
Bank statement and chaccount mailing address							
Proof of payment of utilities at homestead address		☐ Yes ☐ No			☐ Yes ☐ No		
Name and address of	of any owners	not residing on the pro	perty				

*Disclosure of your social security number is mandatory. It is required by section 196.011(1)(b), Florida Statutes. The social security number will be used to verify taxpayer identity and homestead exemption information submitted to property appraisers.

In addition to homestead exemption, I am applying for the following benefits. See page 3 for qualification and required documents.								
By local ordinance only:								
☐ Age 65 and older with limited income (amoun	Age 65 and older with limited income (amount determined by ordinance)							
☐ Age 65 and older with limited income and per	manent residency for 25 years or more							
☐ \$500 widowed ☐ \$500 blind ☐ \$500 tota	☐ \$500 widowed ☐ \$500 blind ☐ \$500 totally and permanently disabled							
☐ Total and permanent disability - quadriplegic								
Certain total and permanent disabilities - limited income and hemiplegic, paraplegic, wheelchair required, or legally blind								
☐ Disabled veteran discount, 65 or older	Disabled veteran discount, 65 or older							
☐ Veteran disabled 10% or more								
☐ Disabled veteran confined to wheelchair, service-	connected							
☐ Service-connected totally and permanently disa	Service-connected totally and permanently disabled veteran or surviving spouse							
☐ Surviving spouse of veteran who died while on	Surviving spouse of veteran who died while on active duty							
First responder totally and permanently disable	d in the line of duty or surviving spous	е						
Surviving spouse of first responder who died in	, , , , , , , , , , , , , , , , , , , ,							
Other, specify:	·							
authorize this agency to obtain information to determinualify for these exemptions under Florida Statutes. I ow esidence or the permanent residence of my legal or natutatutes.) understand that under section 196.131(2), F.S., any p	n the property above and it is my permaral dependent(s). (See s. 196.031, Flori	anent ida						
nformation to claim homestead exemption is guilty of a nprisonment up to one year, a fine up to \$5,000, or bo	misdemeanor of the first degree, puni							
certify all information on this form and any attached st ne best of my knowledge as of January 1 of this year.	atements, schedules, etc., are true and	d correct to						
Signature, applicant	Signature, co-applicant							
Date Phone	Date Phone	_						
ignature, property appraiser or deputy Date	Entered by	Date						

Penalties

The property appraiser has a duty to put a tax lien on your property if you received a homestead exemption during the past 10 years that you were not entitled to. The property appraiser will notify you that taxes with penalties and interest are due. You will have 30 days to pay before a lien is recorded. If this was not an error by the property appraiser, you will be subject to a penalty of 50 percent of the unpaid taxes and 15 percent interest each year (see s. 196.011(9)(a), F.S.). For special requirements for estates probated or administered outside Florida, see s. 196.161(1), F.S.

The information in this application will be given to the Department of Revenue. Under s. 196.121, F.S., the Department and property appraisers can give this information to any state where the applicant has resided. Social security numbers will remain confidential under s.193.114(5), F.S.

EXEMPTION AND DISCOUNT REQUIREMENTS

Homestead Every person who owns real property in Florida on January 1, makes the property his or her permanent residence or the permanent residence of a legal or natural dependent, and files an application may receive a property tax exemption up to \$50,000. The first \$25,000 applies to all property taxes. The added \$25,000 applies to assessed value over \$50,000 and only to non-school taxes.

Your local property appraiser will determine whether you are eligible. The appraiser may consider information such as the items requested on the bottom of page 1.

Save our Homes (SOH) Beginning the year after you receive homestead exemption, the assessment on your home cannot increase by more than the lesser of the change in the Consumer Price Index or 3 percent each year, no matter how much the just value increases. If you have moved from one Florida homestead to another within the last two years, you may be eligible to take some of your SOH savings with you. See your property appraiser for more information.

This page does not contain all the requirements that determine your eligibility for an exemption.

Consult your local property appraiser and Chapter 196, Florida Statutes, for details.

T	Amount	Qualifications	Forms and Documents*	Statute	
Exemptions	Amount	Qualifications	Forms and Documents	Statute	
LACINPUONS	Determined by local ordinance	Local ordinance, limited income	Proof of age DR-501SC, household income		
Local option, age 65 and older	The amount of the assessed value	Local ordinance, just value under \$250,000, permanent residency for 25 years or more.	DR-501SC, household income	196.075	
Widowed	\$500		Death certificate of spouse	196.202	
Blind	\$500		Florida physician, DVA*, or SSA**	196.202	
Totally and Permanently Disabled	\$500	Disabled	Florida physician, DVA*, or SSA**	196.202	
	All taxes	Quadriplegic	2 Florida physicians or DVA*	196.101	
	All taxes	Hemiplegic, paraplegic, wheelchair required for mobility, or legally blind Limited income	DR-416, DR-416B, or letters from 2 FL physicians (For the legally blind, one can be an optometrist.) Letter from DVA*, and DR-501A, household income	196.101	
Veterans and First Responde	ers Exemptions ar	nd Discount			
Disabled veteran discount, age 65 and older	% of disability	Combat-related disability	Proof of age, DR-501DV Proof of disability, DVA*, or US government	196.082	
Veteran, disabled 10% or more by misfortune or during wartime service	Up to \$5,000	Veteran or surviving spouse of at least 5 years	Proof of disability, DVA*, or US government	196.24	
Veteran confined to wheelchair, service-connected, totally disabled	All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.091	
Service-connected, totally and permanently disabled veteran or surviving spouse	All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.081	
Surviving spouse of veteran who died while on active duty	All taxes	Surviving spouse	Letter attesting to the veteran's death while on active duty	196.081	
First responder totally and permanently disabled in the line of duty or surviving spouse	All Taxes	First responder or surviving spouse	Proof of Disability, employer certificate, physician's certificate and SSA** (or additional physician certificate)	196.102	
Surviving spouse of first responder who died in the line of duty	All taxes	Surviving spouse	Letter attesting to the first responder's death in the line of duty	196.081	

Department of Revenue (DR) forms are available at http://floridarevenue.com/dor/property/forms/.

*DVA is the US Department of Veterans Affairs or its predecessor. **SSA is the Social Security Administration.