FLORIDA DEPARTMENT OF REVENUE

# Original Application for Ad Valorem Tax Exemption

DR 501
R. 12/07

_____ County, Florida

Tax year _____

New_____ Change_____ Additional_____

Property identification number _____

Applicant/co-applicant name and address

_____

_____

_____

_____

_____

Legal description:

_____

_____

_____

_____

_____

Applicant Social Security number_____

Co-Applicant Social Security number_____

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 and homestead exemption information submitted to property appraisers.

Marital status ☐ Single ☐ Married
☐ Widow ☐ Divorced ☐ Widower

Did you file tax exemptions last year? ☐ Yes ☐ No

Where _____

If no, your last year's address

_____

_____

## Permanent Florida residency required as of January 1

| | |
|---|---|
| $25,000 Homestead exemption[1] | ☐ |
| $500 Widow's exemption | ☐ |
| $500 Widower's exemption | ☐ |
| $500 Disability exemption | ☐ |
| $500 Blind persons exemption | ☐ |
| $5000 Disabled Veteran | ☐ |
| Total and permanent disability exemption - quadriplegics[2] | ☐ |
| Service connected total and permanent disability exemption[2] | ☐ |
| Exemption for disabled veterans confined to wheelchairs[2] | ☐ |
| Total and permanent disability exemption[2] | ☐ |

[1]To apply for an additional homestead exemption enacted by local ordinance for persons age 65 and older you must file form DR-501SC. You must either receive, or apply for, the regular homestead to get this additional homestead exemption. If you have already received regular homestead exemption, you do not need to file another form DR-501.

[2]Documentation required

## Ownership information

Percent of ownership_____ Type of deed _____

Recorded: Book_____ Page_____

Date recorded_____ Date of deed_____

| Proof of residence for all owners | Owner | Spouse | Other owner |
|---|---|---|---|
| Address of each owner not residing on property | | | |
| Date you last became a permanent resident of Florida | | | |
| Date of occupancy | | | |
| Florida driver license number | (Date) | (Date) | (Date) |
| Florida vehicle tag number | | | |
| Florida voter registration number (if U.S. citizen) | (Date) | (Date) | (Date) |
| Immigration number (alien card - if not a U.S. citizen) | (Date) | (Date) | (Date) |
| Declaration of domicile | Res. date | Res. date | Res. date |
| Date of birth | | | |
| Current employer | | | |
| Address listed on your last IRS return | | | |

I authorize this agency to obtain information to determine my eligibility for the exemptions applied for. I qualify for these exemptions under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property above. I understand that under section 196.131(2), Florida Statutes, any person who knowingly gives false information to claim homestead exemption is guilty of a first-degree misdemeanor, punishable by imprisonment up to 1 year, a fine up to $5,000, or both. Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true.

**NOTE: If all information is not received by March 1st, your application will be processed for whatever exemptions you qualify for on that date.**

_____ Signature of applicant

_____ Signature of co-applicant

_____ Signature of deputy

_____ Date

_____ Phone number

_____ Entered by