ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS WASHINGTON COUNTY, FLORIDA Permanent Florida residency required as of January 1st Application Due to Property Appraiser by March 1st

ACS 501 R. 04/16

		Application Due to	Froperty	Appraiser by	wiaich 13t			T V		
Parcel:					_			Tax Yea		
Owner and mailing address:					Type:	Nev Nev	/ [] Cha	nge A	lditional	
					Legal D	escription:				
Situs Address:					Improve	ement Type:		# of units:		
Email Address:	Any Portion leased or rented?									
Note: Disclosure of your social security number is mandatory. It is required by Section 196.011(1) Florida Statutes. The number will be used to verify taxpayer				Ownership Information Percent Ownership Type of Deed						
identity information and homestead exemption information submitted to property appraisers.				Date of Deed Instrument # Date Recorded Book/Page						
					Type of Ownership					
Homestead \$25,000 - \$50,000 S50,000 Veteran Disabled Total/Permanent Disabiled					imits)	Seniors 6	d Persons 5 + (Income			
\$500 Disability Total/Permanent Disabilit Disabled Vet / Wheelchair Disabled Veteran Discour					int, 65 or older Uther					
Surv Spouse of Veteran		Surv Spouse of I								
Have you ever received the benefit Address where previous Homester	t of Homestead ad was claimed	d Exemption in Flo l (Including County	orida? _ /)	_ If so, V	Vhen?					
PROOF OF RESIDENCE				· · · · · · · · · · · · · · · · · · ·						
1 Marital Status				A AMARINA CONTIN						
2 Social Security Number					,					
3 Home/Work Phone										
4 Previous address of each applicant	<u> </u>									
5 Current Employer										
6 FL Residency Date/Occupancy Date	-							 		
7 Do you claim homestead or receive property tax benefit in another state If yes, where?										
8 Evidence of relinquishing DL from another State	Yes	No		Yes	No		Yes	No		
9 Florida Driver License/Issue Date										
10 Florida Vehicle Tag #										
11 Date of Birth										
12 Place of Birth/U.S. citizen?		Yes	No	-		Yes No			Yes	No
13 Immigration Card if not U.S. citizen										
14 Voter Registration #/Date							···		***	
15 School location of dependent children								the state of the state of		
16 Declaration of Domicile									***	
17 Proof of Utility Payment?/ Bank acct mailing address	Yes	No		Yes	No		Yes	No		
18 Address listed on your last IRS return										
19 Physical address of each owner										
20 List all residential properties you or your spouse own in or out of Florida										
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 own the property above and it is my permanent residence or the permanent residence of my legal or natural dependent(s). (See s. 196.031, F.S.). I understand that under section 196.131(2), Florida Statutes, any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to one year, a fine up to \$5,000, or both. Under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.										
Signature, Applicant	S	ignature, Applicant			Sig	nature, Applicant			_	

Signature, Property Appraiser/Deputy

Entered by

Application Date

Owner:	Parcel Number:			
PROPERTY OWN	ER ACKNOWLEDGEMENT			
I understand the application for the tax exemption(s) subsequent years.) that I am executing is for the year and			
	any address other than the physical address, now or in the the Property Appraisers office to determine my continued			
* * *	m applying for homestead exemption is my PERMANENT re on which I (or my spouse) am receiving any type of tax			
-	of this property for any length of time may be considered the removal of the exemption, and all applicable statutory			
•	e employer is listed as any branch of the United States idence until such time as I depart from WASHINGTON			
PE	NALTIES			
during the past 10 years that you were not entitled to penalties and interest are due. You will have 30 days	· -			
	the Department of Revenue. Under s.196.121, F.S., the information to any state where the applicant has resided. Ider s. 193.114(5), F.S.			
Signature:	Signature:			
Signature:	Date:			
20. (Continued) Address of additional properties or	wned in or out of Florida.			