

## ***\$500 Disability Exemption***

Any totally and permanently disabled person may apply for a **\$500 disability exemption**.

Applications must be made to the Orange County Property Appraiser's Office by March 1<sup>st</sup>, applications are accepted online, in person or by mail. When applying for this exemption, you must file the exemption application (DR-501) and one physician statement (Form DR-416). This statement must be completed by a licensed Florida physician. If you have any questions, please call our customer service division at (407) 836-5044.

### ***Requirements***

- Florida residency as of January 1<sup>st</sup>
- Totally and permanently disabled as of January 1<sup>st</sup>
- Must make application for Disability Exemption by March 1<sup>st</sup>

### ***What to Bring in person or Mail***

(Online applicants will be required to submit DR-416 to our office by mail or in person)

- ✓ Copy of Florida driver's license or Florida state identification

#### **AND one of the following 2 items:**

- ✓ Copy of Florida Vehicle registration or vehicle insurance card
- ✓ Florida voter's registration

### **ALONG with**

- ✓ One DR-416 State of Florida Physician's Certification of Total & Permanent Disability form filled out by a licensed Florida physician with your disability effective date.

**Submit applications online, in person or by mail to:  
Orange County Property Appraiser's Office  
200 S. Orange Avenue, Suite 1700  
Orlando, FL 32801**



**Physician's Certification of  
Total and Permanent Disability**

\_\_\_\_\_  
Identification Number  
(for appraisers use only)

\_\_\_\_\_  
Physician's Name (Please Print)

a physician licensed pursuant to Chapter 458 or Chapter 459, Florida Statutes, hereby  
certify Mr., Mrs., Miss, Ms., \_\_\_\_\_  
(Circle one) Patient's Name (Please Print)

Social Security Number \_\_\_\_\_, is totally and permanently disabled as of

(Social Security Number required under s. 196.101, Florida Statutes.)

January 1, \_\_\_\_\_, due to the following mental or physical condition(s):

- Quadriplegia       Paraplegia       Hemiplegia       Legal Blindness
- Other total and permanent disability requiring use of a wheelchair for mobility
- Please check here if patient is totally or permanently disabled but does not require a wheelchair for mobility.

It is my professional belief that the above-named condition(s) render this individual totally and permanently disabled and that the foregoing statements are true, correct, and complete to the best of my knowledge and professional belief.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State ZIP

Florida Board of Medical Examiners License No. \_\_\_\_\_

Date License Issued \_\_\_\_\_

**Notice to Taxpayer:** Each Florida resident applying for a total and permanent disability exemption must present to the county property appraiser, on or before March 1 of each year, a copy of this form or a letter from the United States Department of Veteran Affairs or its predecessor. Each form is to be completed by a licensed Florida physician.

**Notice to Taxpayer and Physician:** Section 196.131(2), Florida Statutes, provides that any person who shall knowingly and willfully give false information for the purpose of claiming homestead exemption shall be 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.

**NOTE:** Disclosure of your social security number is mandatory. It is required by sections 196.011(1) and 196.101(5), Florida Statutes. The social security number will be used to verify taxpayer identity information and homestead exemption information submitted to property appraisers.