



APPLICATION FOR HOMESTEAD TAX DISCOUNT

Veterans Age 65 and Older with a Combat-Related Disability

Section 196.082, Florida Statutes

DR-501DV
R. 12/12
Rule 12D-16.002, F.A.C.
Eff. 12/12
Provisional

| | Yes | No |
|--|--------------------------|--------------------------|
| • Were you honorably discharged from military service?* | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is a portion of your service-connected disability combat related?* | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you currently have a homestead exemption in this county?* | <input type="checkbox"/> | <input type="checkbox"/> |
| If not, have you applied for homestead exemption? | <input type="checkbox"/> | <input type="checkbox"/> |

*If you answered **"No"** to the questions above,  you do not qualify. Do not submit this form.

*If you answered **"Yes"** to the questions above, sign and submit the form by March 1, with the required documents, to the property appraiser in the county of your homestead.

| | | | |
|-----------------|--|---|---|
| Parcel ID | | County | |
| Name | | Date of birth | |
| Mailing address | | Physical address, if different | |
| Phone | | Percent of service-connected disability | % |

| Provide the documents below to the property appraiser. | Property appraiser check box |
|--|------------------------------|
| • Copy of honorable discharge papers (example: DD Form 214) | <input type="checkbox"/> |
| • Copy of the rating decision letter from the US Department of Veterans Affairs | <input type="checkbox"/> |
| • Evidence from the US Department of Veterans Affairs or military branch identifying the portion of the disability that is combat related, if not included in the rating decision letter | <input type="checkbox"/> |
| • Proof of age 65 as of January 1 of current tax year | <input type="checkbox"/> |

| | | |
|---|---------------------|---------------|
| _____ Signature, applicant | _____ Print name | _____ Date |
| _____ Signature, deputy property appraiser | _____ Date | |

NOTE: Amendment 2 approved by the voters in the November 2012 election removed the requirement in the Florida Constitution that a servicemember must have been a resident of Florida at the time of entering military service. Effective for the 2013 tax year, a servicemember is no longer required to have been a resident of Florida at the time of entering military service. Section 196.082, Florida Statutes, Discounts for disabled veterans, has not yet been revised to remove the requirement.

Section 196.082, Florida Statutes

196.082 Discounts for disabled veterans.—

- (1) Each veteran who is age 65 or older and is partially or totally permanently disabled shall receive a discount from the amount of the ad valorem tax otherwise owed on homestead property that the veteran owns and resides in if:
 - (a) The disability was combat-related;
 - (b) The veteran was a resident of this state at the time of entering the military service of the United States; and
 - (c) The veteran was honorably discharged upon separation from military service.
- (2) The discount shall be in a percentage equal to the percentage of the veteran's permanent, service-connected disability as determined by the United States Department of Veterans Affairs.
- (3) To qualify for the discount granted under this section, an applicant must submit to the county property appraiser by March 1:
 - (a) Proof of residency at the time of entering military service;
 - (b) An official letter from the United States Department of Veterans Affairs which states the percentage of the veteran's service-connected disability and evidence that reasonably identifies the disability as combat-related;
 - (c) A copy of the veteran's honorable discharge; and
 - (d) Proof of age as of January 1 of the year to which the discount will apply.

Any applicant who is qualified to receive a discount under this section and who fails to file an application by March 1 may file an application for the discount and may file, pursuant to s. 194.011(3), a petition with the value adjustment board requesting that the discount be granted. Such application and petition shall be subject to the same procedures as for exemptions set forth in s. 196.011(8).
- (4) If the property appraiser denies the request for a discount, the appraiser must notify the applicant in writing, stating the reasons for denial, on or before July 1 of the year for which the application was filed. The applicant may reapply for the discount in a subsequent year using the procedure in this section. All notifications must specify the right to appeal to the value adjustment board and the procedures to follow in obtaining such an appeal under s. 196.193(5).
- (5) The property appraiser shall apply the discount by reducing the taxable value before certifying the tax roll to the tax collector.
 - (a) The property appraiser shall first ascertain all other applicable exemptions, including exemptions provided pursuant to local option, and deduct all other exemptions from the assessed value.
 - (b) The percentage discount portion of the remaining value which is attributable to service-connected disabilities shall be subtracted to yield the discounted taxable value.
 - (c) The resulting taxable value shall be included in the certification for use by taxing authorities in setting millage.
 - (d) The property appraiser shall place the discounted amount on the tax roll when it is extended.

Instructions for Filing Your Application for Exemptions by Mail

Application Instructions

You may complete and mail the enclosed application, file in person, or link, and use the user login and password provided in the enclosed letter. The deadline to file is March 1. If you have questions, please contact Customer Service at (407) 836-5044.

Required Documentation

When filing by mail, please submit copies of the following items:

If you drive, Florida Driver License or non-drivers, a Florida identification card and one of the following:

- Florida Vehicle Registration
- Florida Voter Registration
- Recorded Orange County Declaration of Domicile (obtained from the Comptroller's Office)

Note: The Declaration of Domicile is only required if you do not have a vehicle or voter registration.

Social Security Number:

Required for all residing owners and their spouses (even if the spouse does not own or reside on the property).

Property held in trust:

A copy of the trust agreement must be submitted.

Permanent Residence Card (Green Card):

A copy of the front and back is required for all applicants that are not United States citizens.

IF you had homestead exemption on another property located within Florida, complete the DR501T and submit along with this application.

| ORIGINAL APPLICATION FOR AD VALOREM TAX EXEMPTION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|-----------------------------|--|------------------|-----------------------------------|--|----------------|----------------|-------|----------------------------------|-----|----|--|--|---------------------------------|------------|------------|--|--|-----------------------------------|------------|------------|--|--|--------------------------------|-------------------|----------------|--|--|--------------------------|---------------------|---------------------|--|--|-------------------------|---------|---------|--|--|------------------|------------|------------|--|--|---------------------------------|--------------|--------------|--|--|---------------------------------|----------|----------|--|--|-------------------|-----|----|-----|----|-----------------------------|---|-------------|--------|---|--------------------------------|--|--|------------|--|-----------------------------------|----------------------------|------|--|--|----------------|--------------|--------------|--|--|----------------------------|-------------|--|--|--|--------------------------|--|--|--|--|--|-----------------------------|-----------------------------|--|--|---------------------------------------|-----|----|-----|----|----------------------------|-----------------------------|-----------------------------|--|--|---|-----------------------|-----------------------|--|--|--|--|--|--|--|
| ORANGE COUNTY, FLORIDA | | Tax Year: 200X | Date: 04-01-200X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Property ID Number: 11-22-33-444-55-000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: DOE JOHN DOE JANE 1234 E. SUNNY ST. ORLANDO, FL 32801 | | Legal Description: LOT 1 BLOCK A SUNNY ACRES SUBDIVISION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Improvement Type: Number of Units: | | Instrument Nbr: Book Page: 550/0123 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>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 identity information, homestead exemption information submitted to property appraisers and intangible tax information.</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Select Type of Exemption - Permanent Florida residency required as of January 1! | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> \$25,000 Homestead Exemption <input type="checkbox"/> \$500 Widow's Exemption <input type="checkbox"/> \$5000 Disability Exemption <input type="checkbox"/> \$5000 Blind Persons Exemption | | <input type="checkbox"/> \$5,000 Service Connected Exemption <input type="checkbox"/> \$5,000 Total and Permanent Disability Exemption <input type="checkbox"/> Service Connected Total and Permanent Disability Exemption | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Spouse of Service Connected Total and Permanent Disability (Documentation Required) <input type="checkbox"/> Exemption for Disabled Veterans Confined to Wheelchairs (Documentation Required) <input type="checkbox"/> Total and Permanent Disability Exemption (Documentation Required) <input type="checkbox"/> Quadriplegic (Documentation Required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Proof of residence for all owners</th> <th>Name: John Doe</th> <th>Name: Jane Doe</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>1. Any portion leased or rented?</td> <td>Yes</td> <td>NO</td> <td></td> <td></td> </tr> <tr> <td>2. Date of Occupancy (moved to)</td> <td>01-01-2004</td> <td>01-01-2004</td> <td></td> <td></td> </tr> <tr> <td>3. Date of Residence (to Florida)</td> <td>02-01-1980</td> <td>05-01-1990</td> <td></td> <td></td> </tr> <tr> <td>4. Marital Status/Relationship</td> <td>married / husband</td> <td>married / wife</td> <td></td> <td></td> </tr> <tr> <td>5. Driver License Number</td> <td>1234-5678-9010-1111</td> <td>1234-5678-9010-1111</td> <td></td> <td></td> </tr> <tr> <td>6. Driver License State</td> <td>FLORIDA</td> <td>FLORIDA</td> <td></td> <td></td> </tr> <tr> <td>7. Date of Birth</td> <td>01-01-1982</td> <td>01-01-1984</td> <td></td> <td></td> </tr> <tr> <td>8. Vehicle Registration / State</td> <td>123 ABC / FL</td> <td>456 DEF / FL</td> <td></td> <td></td> </tr> <tr> <td>9. Florida Voter Registration #</td> <td>00225000</td> <td>00225000</td> <td></td> <td></td> </tr> <tr> <td>10. U.S. Citizen?</td> <td>Yes</td> <td>NO</td> <td>Yes</td> <td>NO</td> </tr> <tr> <td>11. Declaration of Domicile</td> <td>/</td> <td>0001 / 0002</td> <td>5-5-90</td> <td>/</td> </tr> <tr> <td>12. Resident Alien Card Number</td> <td></td> <td></td> <td>2000000001</td> <td></td> </tr> <tr> <td>13. Current Employer/Phone Number</td> <td>Orange County 407-836-5045</td> <td>None</td> <td></td> <td></td> </tr> <tr> <td>14. Home Phone</td> <td>407-836-5000</td> <td>407-836-5000</td> <td></td> <td></td> </tr> <tr> <td>15. Social Security Number</td> <td>999-99-9999</td> <td></td> <td></td> <td></td> </tr> <tr> <td>16. Non Owner Spouse SSN</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>17. Address listed on your last IRS return</td> <td>200 S. Orange Ave., Orlando</td> <td>200 S. Orange Ave., Orlando</td> <td></td> <td></td> </tr> <tr> <td>18. Did you have homestead last year?</td> <td>Yes</td> <td>NO</td> <td>Yes</td> <td>NO</td> </tr> <tr> <td>19. Your address last year</td> <td>200 S. Orange Ave., Orlando</td> <td>200 S. Orange Ave., Orlando</td> <td></td> <td></td> </tr> <tr> <td>20. Address of additional property owned in or out of Florida</td> <td>111 N.W. 1 St., Miami</td> <td>111 N.W. 1 St., Miami</td> <td></td> <td></td> </tr> <tr> <td>21. Address of owners not residing on property</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Proof of residence for all owners | | Name: John Doe | Name: Jane Doe | Name: | 1. Any portion leased or rented? | Yes | NO | | | 2. Date of Occupancy (moved to) | 01-01-2004 | 01-01-2004 | | | 3. Date of Residence (to Florida) | 02-01-1980 | 05-01-1990 | | | 4. Marital Status/Relationship | married / husband | married / wife | | | 5. Driver License Number | 1234-5678-9010-1111 | 1234-5678-9010-1111 | | | 6. Driver License State | FLORIDA | FLORIDA | | | 7. Date of Birth | 01-01-1982 | 01-01-1984 | | | 8. Vehicle Registration / State | 123 ABC / FL | 456 DEF / FL | | | 9. Florida Voter Registration # | 00225000 | 00225000 | | | 10. U.S. Citizen? | Yes | NO | Yes | NO | 11. Declaration of Domicile | / | 0001 / 0002 | 5-5-90 | / | 12. Resident Alien Card Number | | | 2000000001 | | 13. Current Employer/Phone Number | Orange County 407-836-5045 | None | | | 14. Home Phone | 407-836-5000 | 407-836-5000 | | | 15. Social Security Number | 999-99-9999 | | | | 16. Non Owner Spouse SSN | | | | | 17. Address listed on your last IRS return | 200 S. Orange Ave., Orlando | 200 S. Orange Ave., Orlando | | | 18. Did you have homestead last year? | Yes | NO | Yes | NO | 19. Your address last year | 200 S. Orange Ave., Orlando | 200 S. Orange Ave., Orlando | | | 20. Address of additional property owned in or out of Florida | 111 N.W. 1 St., Miami | 111 N.W. 1 St., Miami | | | 21. Address of owners not residing on property | | | | |
| Proof of residence for all owners | | Name: John Doe | Name: Jane Doe | Name: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Any portion leased or rented? | Yes | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Date of Occupancy (moved to) | 01-01-2004 | 01-01-2004 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 4. Marital Status/Relationship | married / husband | married / wife | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Driver License Number | 1234-5678-9010-1111 | 1234-5678-9010-1111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Driver License State | FLORIDA | FLORIDA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7. Date of Birth | 01-01-1982 | 01-01-1984 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8. Vehicle Registration / State | 123 ABC / FL | 456 DEF / FL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. Florida Voter Registration # | 00225000 | 00225000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. U.S. Citizen? | Yes | NO | Yes | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11. Declaration of Domicile | / | 0001 / 0002 | 5-5-90 | / | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. Resident Alien Card Number | | | 2000000001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13. Current Employer/Phone Number | Orange County 407-836-5045 | None | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14. Home Phone | 407-836-5000 | 407-836-5000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15. Social Security Number | 999-99-9999 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. Non Owner Spouse SSN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. Address listed on your last IRS return | 200 S. Orange Ave., Orlando | 200 S. Orange Ave., Orlando | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18. Did you have homestead last year? | Yes | NO | Yes | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. Your address last year | 200 S. Orange Ave., Orlando | 200 S. Orange Ave., Orlando | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. Address of additional property owned in or out of Florida | 111 N.W. 1 St., Miami | 111 N.W. 1 St., Miami | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. Address of owners not residing on property | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>NOTE: I hereby authorize this agency to obtain information necessary to determine my eligibility for the exemption(s) applied for. If all information is not received by March 1st, your application will be processed for whatever exemptions you qualify for on that date. I hereby make application for the exemptions indicated and affirm that I do qualify for same under Florida Statutes. I am a permanent resident of the State of Florida and own and occupy the property described above. I understand that section 196.01(2), Florida Statutes provides that any person who knowingly and voluntarily gives false information for the purpose of claiming homestead exemption is 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. Further, under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true. Please be sure to include copies of required documentation. (See brochure for details)</small> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| John Doe Signature | | Jane Doe Signature | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Deputy Initials EX-100 NEW 0001 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Completing the Application

VERIFY INFORMATION- Review the preprinted information on top of the application for accuracy.

SELECT TYPE OF EXEMPTION- Select all exemptions for which you are applying.

PROOF OF RESIDENCE FOR ALL OWNERS- This section must be completed by every owner. Owners not residing on the property must submit only their address. Write each owner(s) name and complete the following:

1. Any portion leased or rented – additional structures or duplexes.
2. Date of Occupancy – date you moved into this property.
3. Date of Residence – date you last became a Florida resident.
4. Marital Status/Relationship – marital status (married, single, widow/widower, divorced, separated) / relationship (husband, wife or other)
5. Driver License Number - number and issue date of your license or ID card (must attach a copy).
6. Driver License State – the state your driver license was issued.
7. Date of Birth – date you were born.
8. Vehicle Registration/State – the license plate tag number or the title VIN number and the state your vehicle is registered in (must attach a copy, if applicable).
9. Florida Voter Registration # – the number off your voter registration card and the issue date
10. U.S. Citizen - circle Yes or No.
11. Declaration of Domicile – the instrument (DOC) number where the affidavit is recorded in the county records (must attach a copy, if applicable).
12. Resident Alien Card Number – the number on your Permanent Residence Card and the date it was issued (must attach a copy, if applicable).
13. Current Employer/Phone Number – your current employer and telephone number.
14. Home Phone – your home phone number, including area code.
15. Social Security Number – your number.
16. Non Owner Spouse SSN – your spouse's social security number even if your spouse is not on the title or does not reside on the property.
17. Address listed on your last IRS return – list the address you used when you filed your last income tax return.
18. Did you have homestead last year – circle Yes or No. If yes and homestead was on a different property please complete the enclosed DR501T application, 'Transfer of Homestead Assessment Difference'.
19. Your address last year - if #18 is yes, the address where you lived or had a homestead exemption prior to moving into this home.
20. Address of additional property owned in or out of Florida – list the address of any other prop erty you own.
21. Address of owners not residing on property – the address of each property owner not applying for the exemption.

RICK SINGH

200 S. Orange Ave. • Suite 1700 • Orlando, FL 32801 • (407) 836-5044

• Visit our website at www.ocpafl.org for more information •

ORIGINAL APPLICATION FOR AD VALOREM TAX EXEMPTION

ORANGE COUNTY, FLORIDA

Tax Year: **2019**

Date:

Type: New / Change / Additional

Situs Address:

Property ID Number:

Name:

Legal Description:

Improvement Type:

Number of Units:

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 identity information, homestead exemption information submitted to property appraisers and intangible tax information.

| Ownership Information | |
|-----------------------|-----------------|
| Percent Ownership: | Instrument Nbr: |
| Date of Deed: | Book / Page: |
| Date Recorded: | |
| Type of Ownership: | |
| Type of Deed: | |

Select Type of Exemption - Permanent Florida residency required as of January 1

- | | | |
|--|---|---|
| <input type="checkbox"/> \$25,000 Homestead Exemption | <input type="checkbox"/> \$5,000 Service Connected Exemption | <input type="checkbox"/> Spouse of Service Connected Total and Permanent Disability/First Responder <i>(Documentation Required)</i> |
| <input type="checkbox"/> \$500 Widow's Exemption | <input type="checkbox"/> \$5,000 Service Connected Spouse Exemption | <input type="checkbox"/> Exemption for Disabled Veterans Confined to Wheelchairs <i>(Documentation Required)</i> |
| <input type="checkbox"/> \$500 Widower's Exemption | <input type="checkbox"/> Total and Permanent Disability Exemption <i>(Documentation Required)</i> | <input type="checkbox"/> Total and Permanent Disability Exemption Quadriplegics <i>(Documentation Required)</i> |
| <input type="checkbox"/> \$500 Disability Exemption | <input type="checkbox"/> Service Connected Total and Permanent Disability <i>(Documentation Required)</i> | |
| <input type="checkbox"/> \$500 Blind Persons Exemption | | |

| Proof of residence for all owners | Name: | Name: | Name: |
|---|-----------------------------|-----------------------------|-----------------------------|
| 1. Any portion leased or rented? | Yes No | | |
| 2. Date of Occupancy (moved in) | | | |
| 3. Date of Residence (to Florida) | | | |
| 4. Marital Status/Relationship | / | / | / |
| 5. Driver License Number | Issue Date: | Issue Date: | Issue Date: |
| 6. Driver License State | | | |
| 7. Date of Birth | | | |
| 8. Vehicle Registration / State | / | / | / |
| 9. Florida Voter Registration # | Issue Date: | Issue Date: | Issue Date: |
| 10. U.S. Citizen? | Yes No | Yes No | Yes No |
| 11. Declaration of Domicile | Residency Date: | Residency Date: | Residency Date: |
| 12. Resident Alien Card Number | Issue Date: | Issue Date: | Issue Date: |
| 13. Current Employer/Phone Number | | | |
| 14. Home Phone | | | |
| 15. Social Security Number | | | |
| 16. Non Owner Spouse SSN | | | |
| 17. Address listed on your last IRS return | | | |
| 18. Did you have homestead last year? | Yes No | Yes No | Yes No |
| 19. Your address last year | | | |
| 20. Address of additional property owned in or out of Florida | | | |
| 21. Address of owners not residing on property | | | |

NOTE: I hereby authorize this agency to obtain information necessary to determine my eligibility for the exemption(s) applied for. If all information is not received by March 1st, your application will be processed for whatever exemptions you qualify for on that date.

I hereby make application for the exemptions indicated and affirm that I do qualify for same under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property described above. I understand that section 196.131(2), Florida Statutes provides that any person who knowingly and willfully gives false information for the purpose of claiming homestead exemption is 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. Further, under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

***Please be sure to include copies of required documentation. (See brochure for details)**

Signature

Signature

Signature

Deputy Initials

This application must be filed with the Property Appraiser on or before March 1st.

The information contained in this application will be provided to the Department of Revenue and the Department and/or the property appraisers are authorized to provide this information to any state in which the applicant has previously resided, pursuant to 196.121, Florida Statutes. Social Security numbers will remain confidential pursuant to sections 193.114(6) and 193.074, Florida Statutes.

Notice: A tax lien can be imposed on your property pursuant to 196.161, Florida Statutes.

Section 196.161 (1) provides:

(1) (a) When the estate of any person is being probated or administered in another state under an allegation that such person was a resident of that state and the estate of such person contains real property situate in this state upon which homestead exemption has been allowed pursuant to s. 196.031 for any year or years within 10 years immediately prior to the death of the deceased, then within 3 years after the death of such person the property appraiser of the county where the real property is located shall, upon knowledge of such fact, record a notice of tax lien against the property among the public records of that county, and the property shall be subject to the payment of all taxes exempt thereunder, a penalty of 50 percent of the unpaid taxes for each year, plus 15 percent interest per year, unless the circuit court having jurisdiction over the ancillary administration in this state, determines that the decedent was a permanent resident of this state during the year or years an exemption was allowed, whereupon the lien shall not be filed or, if filed, shall be canceled of record by the property appraiser of the county where the real estate is located. (b) In addition, upon determination by the property appraiser that for any year or years within the prior 10 years a person who was not entitled to a homestead exemption was granted a homestead exemption from ad valorem taxes, it shall be the duty of the property appraiser making such determination to serve upon the owner a notice of intent to record in the public records of the county a notice of tax lien against any property owned by that person in the county, and such property shall be identified in the notice of tax lien. Such property, which is situated in this state, shall be subject to the taxes exempted thereby, plus a penalty of 50 percent of the unpaid taxes for each year and 15 percent interest per annum. However, if a homestead exemption is improperly granted as a result of a clerical mistake or omission by the property appraiser, the person improperly receiving the exemption shall not be assessed penalty and interest. Before any such lien may be filed, the owner so notified must be given 30 days to pay the taxes, penalties and interest.