Total and Permanent Disability Exemption (non-service connected)

Any totally and permanently disabled person may apply for a total and permanent disability exemption if they are a quadriplegic, paraplegic, hemiplegic, legally blind or other totally and permanently disabled person who must use a wheelchair for mobility and meets the income requirements. – Note – quadriplegics do not need to meet the income per statutes

Application must be made to the Orange County Property Appraiser’s Office by March 1\textsuperscript{st}, applications are accepted online, in person or by mail. When applying for this exemption, you must file the exemption application (DR-501) and submit two physician statement (Form DR-416). These statements must be completed separately by two professionally unrelated Florida physicians. Any questions please call customer service at (407) 836-5044.

Requirements

- Florida residency as of January 1\textsuperscript{st} and qualify for homestead exemption
- Quadriplegic, paraplegic, hemiplegic, legally blind or permanently confined to a wheelchair as of January 1\textsuperscript{st}
- Total household income must not exceed limit set by Department of Revenue
- Must apply for Exemption by March 1\textsuperscript{st}

What to Bring or Mail to the Orange County Property Appraiser’s Office

200 S Orange Avenue, Suite 1700
Orlando, FL 32801

(Online applicants will be required to separately submit (2) DR-416 and (1) DR-501A)

- 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

- Two DR-416 State of Florida Physician’s Certification of Total & Permanent Disability form filled out by two professionally unrelated licensed Florida physicians with your disability effective date.
- 1 notarized DR-501A statement of gross income form along with proof of all household members’ income from the prior calendar year. Note – quadriplegics do not need to meet the income limitation requirement.

Facts You Need to Know

- Total Household Gross Income must include VA and Social Security benefits
- Quadriplegics DO NOT have to meet income requirements but they need two doctor forms (DR-416) stating they are quadriplegic.
- A Statement of Gross Income must be submitted annually. (NOT QUADRAPLEGICS)
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., ________________________________
(Phone number required under s. 196.101, Florida Statutes.)

Social Security Number ____________________________, is totally and permanently disabled as of
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 ______________________________________________________________________________

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 ex-
emption information submitted to property appraisers.
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 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 ______________________________________________________________________________

Florida Board of Medical Examiners License No. _______________________________

Date License Issued __________________________

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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.
This statement must be completed and signed by applicants for the Exemption for Totally and Permanently Disabled Persons, Section 196.101, Florida Statutes, and attached to the exemption application.

Name of all persons residing in or upon homestead for which exemption is requested.

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<thead>
<tr>
<th>Name</th>
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Gross Income: Include that of all persons listed above. Attach prior year Federal Income Tax Return(s) and Wage and Income Statement(s) (W-2) for all persons listed above.

<table>
<thead>
<tr>
<th>Gross Income:</th>
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<tbody>
<tr>
<td>Earned Income</td>
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<tr>
<td>Income from investments</td>
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<tr>
<td>Gains Derived from Disposition of Appreciated Property</td>
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<td>Interest</td>
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<td>Rents</td>
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<td>Royalties</td>
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<td>Dividends</td>
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<td>Annuities</td>
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<td>Social Security Benefits</td>
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<td>Veterans Administration Benefits</td>
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<td>Income from Retirement Plans</td>
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<td>Pensions</td>
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<td>Trusts</td>
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<td>Estates</td>
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<td>Inheritances</td>
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<tr>
<td>Direct and Indirect Gifts</td>
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<tr>
<td>Other (Specify)</td>
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</tbody>
</table>

Total Gross Income $______________

I certify that the above Statement of Gross Income is true and correct to the best of my knowledge and belief.

__________________________________________
Applicant

State of Florida
County of ________________________________

The following instrument was sworn to and subscribed before me this date ______________________,

by ______________________ who is personally known to me or who has produced ______________________

as identification.

__________________________________________
Notary Public Signature and Seal