$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 1st, 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 1st
- Totally and permanently disabled as of January 1st
- Must make application for Disability Exemption by March 1st

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 Name (Please Print)
a physician licensed pursuant to Chapter 458 or Chapter 459, Florida Statutes, hereby certify Mr., Mrs., Miss, Ms., _____________________________________________________________
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 exemption information submitted to property appraisers.