**STATEMENT OF GROSS INCOME**

DR-501A

R. 12/20

Rule 12D-16.002

F.A.C.

Effective 12/20



Section 196.101(4)(c), Florida Statutes

Date

Applicants for the Exemption for Totally and Permanently Disabled Persons, Section 196.101, F.S., must complete, sign, and attach this statement to the exemption application, Form DR-501.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant name |  | Address of homestead |  |
| Parcel ID |  |
| Name of all other persons living at the homestead | | | |
| 1. | | 5. | |
| 2. | | 6. | |
| 3. | | 7. | |
| 4. | | 8. | |

Gross Income: Include the incomes of all persons above. Attach last year's Federal Income Tax Returns and Wage and Income Statements (W-2) for all persons above.

|  |  |  |  |
| --- | --- | --- | --- |
| **HOUSEHOLD GROSS INCOME FOR THE YEAR 20** | | | |
| Earned income |  | Social security benefits |  |
| Income from investments |  | Veterans Administration benefits |  |
| Gains from disposition of appreciated property |  | Income from retirement plans |  |
| Pensions |  |
| Interest |  | Trusts |  |
| Rents |  | Estates |  |
| Royalties |  | Inheritances |  |
| Dividends |  | Direct and indirect gifts |  |
| Annuities |  | Other, specify: |  |
| **TOTAL GROSS INCOME** | | |  |

Under penalties of perjury, I declare that I have read this Statement of Gross Income, including the attached documents, and that the facts stated in it are true.

Signature, applicant

Add pages, if needed.