**APPLICATION AND RETURN FOR**

DR-501DV

R. 11/21

12D-16.002, F.A.C.

Effective 11/21

Page 1 of 2

**HOMESTEAD TAX DISCOUNT**

**Veterans Age 65 and Older**

**with a Combat-Related Disability and Surviving Spouse**

Section 196.082, Florida Statutes

This application is for use by a veteran or their surviving spouse to apply for an ad valorem tax discount on homestead property. To qualify, veterans must be age 65 or older, partially or totally permanently disabled with a combat-related disability, honorably discharged, and reside in the homestead. Please answer the questions below.

The discount will carry over to a veteran’s surviving spouse if the spouse resides in the same home as the veteran and has not remarried. If the surviving spouse moves to a new home, the surviving spouse must complete page 2 to notify the property appraiser that the discount should be carried over to the new homestead.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | |
| * Were you honorably discharged from military service?\* |  | |  |
| * Is a portion of your service-connected disability combat related?\* |  |  | |
| * Do you currently have a homestead exemption in this county?\* |  |  | |
| * If not, have you applied for homestead exemption? |  |  | |

\*If you answered “**No**” to the questions above, **STOP** you do not qualify. Do not submit this form.

\*If you answered “**Yes**” to all the above, sign and submit the completed 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 | | |  | | | | |
| Spouse’s name | |  | | Phone | | |  | | | | |
| Mailing address | |  | | Physical address, if different | | |  | | | | |
| 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) | | | | | | | |  | | | |
| * Copy of the rating decision letter from the US Department of Veterans Affairs | | | | | | | |  | | | |
| * 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 | | | | | | | |  | | | |
| * Proof of age on January 1 | | | | | | | |  | | | |
| I certify all information on this form and any attachment is true, correct, and in effect on January 1 of this year. | | | | | | | | | | | |
|  |  | |  |  |  | | | |  |  |  |
| Signature, Applicant | | | | Print name Date | | | | | | | |
|  |  | |  |  | |  | | | | | |
| Signature, property appraiser or deputy | | | | Date | | | | | | | |

**Surviving Spouse of Veteran who Received the Discount and is Moving to a New Homestead**

DR-501DV

Eff. 11/21

Page 2 of 2

This notification is for use by a surviving spouse to inform the property appraiser when moving to a new homesteaded property. Discounts granted on homestead property qualify to be carried over to new homestead property. The amount to be transferred equals the dollar amount of the discount granted on the previous homestead included in the most recent ad valorem tax roll. Please complete the section below.

If you have not completed the *Original Application for Homestead and Related Tax Exemptions* (Form DR-501) for the new homestead, complete Form DR-501 (incorporated by reference in Rule 12D-16.002, F.A.C.).

Sign and submit this completed form by **March 1**, with a completed Form DR-501 if required, to the property appraiser in the county of your new homestead.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COMPLETED BY SURVIVING SPOUSE WHEN MOVING TO A NEW HOMESTEAD** | | | | | | | | | | | | | | | | | | | | | |
| Spouse name | | | |  | Parcel ID | | | | | |  | | | | | | | | | | |
| Veteran name | | | |  | County | | | | | |  | | | | | | | | | | |
| New address | | | |  | Phone | | | | | |  | | | | | | | | | | |
| Previous address | | | |  | Parcel ID | | | | | |  | | | | | | | | | | |
| County | | | | | |  | | | | | | | | | | |
| Date sold or no longer used as your homestead | | | | | | | | | | | | | | | | |
| I affirm that I am transferring the discount for the partially or totally and permanently disabled veteran from the previous homestead above. I have not remarried since the veteran’s death and the new homestead is my primary residence.  I certify all information on this form and any attachments is true, correct, and in effect on January 1 of this year. | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |  |  | | | | | | |
| Signature, Surviving Spouse | | | | | | | | | | | | | | | Date | | | | | | |
| **COMPLETED BY PROPERTY APPRAISER OF NEW HOMESTEAD** | | | | | | | | | | | | | | | | | | | | | |
| If the surviving spouse moves to a new homestead in the same county, the discount is verified by the same county property appraiser and the dollar amount granted from the most recent ad valorem tax roll is transferred to the new homestead.  If the previous homestead of the surviving spouse is in another county, provide this form to obtain the dollar amount of the discount granted from that property appraiser. Complete your contact information for the property appraiser of the previous homestead to return the verified form. | | | | | | | | | | | | | | | | | | | | | |
| Dollar amount discount granted from the most recent ad valorem tax roll $     . | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | |  | |  | |  | | | | | |  | |  | |  | |
| Signature, property appraiser or deputy | | | | | | | | County Date | | | | | | | | | | | | | |
| Contact | | |  | | | | | Email | | | | |  | | | | | | | | |
| Address | | |  | | | | | Phone 1 | | | | |  | | | | | | | | |
| Phone 2 | | | | |  | | | | | | | | |
| Fax | | | | |  | | | | | | | | |
| **COMPLETED BY PROPERTY APPRAISER OF PREVIOUS HOMESTEAD**  Verify the dollar amount, sign and return to the county of the new homestead. | | | | | | | | | | | | | | | | | | | | | |
| Dollar amount discount granted from the most recent ad valorem tax roll for the county where the previous homestead is located $ | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | |  | |  | | |  | | | | |  | |  | |  |
| Signature, property appraiser or deputy | | | | | | | | | County Date | | | | | | | | | | | | |