PUBLIC WORKSHOP AGENDA

Florida Department of Revenue Property Tax Oversight

August 5, 2021, 10:00 a.m., EDT Building 2, Room 1220, Capital Circle Office Complex 2450 Shumard Oak Blvd., Tallahassee, FL

This meeting is open to the public.

Agenda Topics—Thursday, August 5, 2021

Following the discussion of the Form DR-501, discuss the forms below.

CALL TO ORDER, OPENING REMARKS, MEETING PROCEDURES

Moderator 5 minutes

Discussion of the following amended and proposed forms:

- Rule 12D-16.002, F.A.C., Index to Forms
 - Amended Form DR-501CC, Ad Valorem Tax Exemption Application and Return for Proprietary Continuing Care Facility

All Not Interested limited Parties

- Amended Form DR-504, Ad Valorem Tax Exemption Application and Return for Charitable, Religious, Scientific, Literary Organizations, Hospitals, Nursing Homes, and Homes for Special Services
- New Form DR-504AFH, Ad Valorem Tax Exemption Application and Return for Multifamily Project and Affordable Housing Property
- New Form DR-504ED, Ad Valorem Tax Exemption Application and Return for Educational Property
- New Form DR-504W, Ad Valorem Tax Exemption Application and Return for Not-for-Profit Sewer and Water Company and Not-for-Profit Water and Wastewater Systems

- Amended Form DR-504CS, Ad Valorem Tax Exemption Application and Return for Charter School Facilities
- Amended Form DR-504HA, Ad Valorem Tax Exemption Application and Return for Nonprofit Homes for the Aged
- Amended Form DR-504S, Individual Affidavit for Ad Valorem Tax Exemption - Homes for the Aged

CLOSING COMMENTS

Moderator 5 minutes

Handouts: The meeting agenda and draft rule text are on the Department's website at http://floridarevenue.com/rules.

Please submit comments and questions regarding this meeting to **DORPTO@floridarevenue.com**.

Instructions for Participating in the PTO Public Meeting

You can join this meeting by attending in person or using your computer for a Webinar broadcast ("virtual meeting").

- To attend the virtual meeting, you must register on the Internet before the meeting. Register at the following link before the meeting: https://attendee.gotowebinar.com/register/1245598656568426766
- Enter your name and contact information and click Register at the bottom of the screen.
- Once you register, a link with instructions to attend the meeting will be sent to the email address you provided. Your registration ID link is unique to your email address. Please save this email. The email will also provide options for you to add the meeting to your calendar.
- **FOR THE MEETING:** If you save the email, you can open it and click on the link to join the meeting. The link will also be provided in the reminder email.
- To register additional attendees, complete a separate registration at the link above.

Registered Webinar attendees have three options:

- 1. Using a computer with microphone and speakers allows you to speak at the meeting. Raise your hand using the Webinar Control to let us know you have a comment.
- 2. Telephone with AUDIO PIN allows you to speak at the meeting. All calls are muted. If you want to ask a question or make a comment, email your request to DORPTO@floridarevenue.com and wait your turn to speak.
- 3. Telephone with NO AUDIO PIN Listen Only. Email your questions or comments to DORPTO@floridarevenue.com. In the subject line, use "August 5 PTO Workshop." All emails will be acknowledged or read aloud and entered into the transcript.

For Technical Support:

If you have problems accessing the registration before the meeting, contact Anthony Jackson by email at Anthony.Jackson@floridarevenue.com or by phone at 850-617-8878.

Section I Notice of Development of Proposed Rules and Negotiated Rulemaking

DEPARTMENT OF REVENUE

Property Tax Oversight Program

RULE NO.: RULE TITLE: 12D-16.002 Index to Forms

PURPOSE AND EFFECT: Effective July 1, 2020, subsection 196.081(1)(b), F.S., allows a veteran or a surviving spouse of a veteran to receive a refund of ad valorem taxes paid for a newly acquired property, prorated as of the date of the transfer, if the veteran or surviving spouse received the veteran exemption or veteran's surviving spouse exemption on a property in a given year; the veteran or surviving spouse acquires legal or beneficial title to another property between January 1 and November 1 of the same year; and the veteran or surviving spouse applies for and receives the veteran exemption or veteran's surviving spouse exemption for the newly acquired property in the next tax year.

The purpose of the proposed revision to Rule 12D-16.002(39)(a), F.A.C., is to incorporate amended Form DR-501, Original Application for Homestead and Related Tax Exemptions. The purpose of the proposed revisions to Form DR-501 are to provide sections for the veteran or the surviving spouse of a veteran to apply for the exemption and be made aware they may qualify for a prorated refund as a result of receiving the exemption. Additional changes to Form DR-501 move the sections on page 2 for the first responder who is totally and permanently disabled or his or her spouse to apply for an exemption; relocate information for the applicant to contact the property appraiser for questions about an exemption to under the signature line; move Parcel ID space to before "Legal description;" remove language about the exemption being "\$25,000 to \$50,000;" add "Instrument number" space after Book/Page/Date; add information that the disabled veteran discount carries over to the surviving spouse; and update the reference to the time limit to transfer the assessment difference from two to three years.

Agenda, rule text and draft form are posted on the Department's website at http://floridarevenue.com/rules.

SUBJECT AREA TO BE ADDRESSED: Amending Form DR-501 to apply for assessment limitation, communicate about the assessment limitation in a previous county, apply for a veteran discount, notify the property appraiser about a carryover of a veteran discount, and apply for the exemption for veterans or surviving spouse.

RULEMAKING AUTHORITY: 195.027(1) FS.

LAW IMPLEMENTED: 95.18, 136.03, 192.001(18), 192.0105, 193.052, 193.077, 193.085, 193.092, 193.114,

193.122, 193.155, 193.1554, 193.1555, 193.1556, 193.461, 193.501, 193.503, 193.625, 193.703, 194.011, 194.032, 194.034, 194.035, 194.037, 195.002, 195.022, 195.087, 196.011, 196.015, 196.031, 196.075, 196.081, 196.095, 196.101, 196.121, 196.141, 196.151, 196.173, 196.183, 196.193, 196.1961, 196.1983, 196.1995, 196.202, 196.24, 196.26, 197.182, 197.222, 197.2423, 197.2425, 197.318, 197.3632, 197.3635, 197.414, 197.432, 197.472, 197.502, 197.512, 197.552, 200.065, 200.069, 218.12, 218.125, 218.131, 218.66, 218.67 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: August 5, 2021, 10:00 a.m.

PLACE: 2450 Shumard Oak Boulevard, Building 2, Room 1220, Tallahassee, Florida 32399.

The agenda for this workshop will include specific information about how to participate in this electronic meeting and will be on the Department's website at http://floridarevenue.com/rules. Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Mike Cotton at (850)617-8870. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Mike Cotton, Property Tax Oversight Program, telephone 850-617-8870 or email DORPTO@floridarevenue.com.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS: Published on the Department's website at http://floridarevenue.com/rules.

DEPARTMENT OF REVENUE

Property Tax Oversight Program

RULE NO.: RULE TITLE: 12D-16.002 Index to Forms

PURPOSE AND EFFECT: The purpose of amending Form DR-501CC, Ad Valorem Tax Exemption Application and Return for Proprietary Continuing Care Facility, to clarify questions, update instructions and remove the notarization requirement from the individual affidavit which is not specifically required by Florida law, and to add the penalty of perjury declaration required by section 92.525(2), F.S. When effective, the amendment will reduce taxpayer burden by eliminating the requirement for the affidavit to be notarized. The purpose of amending Form DR-504, Ad Valorem Tax Exemption Application and Return, is to provide clarification to taxpayers and property appraisers on documentation required

to apply for each type of exemption. The simplified application clarifies the filing process for taxpayers. With the amendment to Form DR-504, the Department is creating three new forms for specific ad valorem exemptions: Form DR-504AFH, Ad Valorem Tax Exemption Application and Return for Multifamily Project and Affordable Housing Property; Form DR-504ED, Ad Valorem Tax Exemption Application and Return for Educational Property; and Form DR-504W, Ad Valorem Tax Exemption Application and Return for Not-for-Profit Sewer and Water Company and Not-for-Profit Water and Wastewater Systems. Form DR-504AFH will reflect section 196.1978(2), F.S., change from a multifamily project discount to an exemption. The purpose of amending Form DR-504CS, Ad Valorem Tax Exemption Application and Return for Charter School Facilities, is to update the title of the application, update a statute reference, remove language explaining how credits are applied to lease payments, and replace the penalty of perjury declaration with a certification statement. The purpose of amending Form DR-504HA, Ad Valorem Tax Exemption Application and Return for Nonprofit Homes for the Aged, is to update the title of the application, update a statute citation, clarify instructions, and replace the penalty of perjury declaration with a certification statement. The purpose of amending Form DR-504S, Individual Affidavit for Ad Valorem Tax Exemption Homes for the Aged, is to add the penalty of perjury declaration and remove the notary acknowledgement. The effect of these proposed amendments is that affected parties will have updated forms available that comply with current law. Agenda, rule text and draft forms are posted Department's the website http://floridarevenue.com/rules.

SUBJECT AREA TO BE ADDRESSED: Forms used to apply for ad valorem tax exemptions.

RULEMAKING AUTHORITY: 195.027(1) FS.

LAW IMPLEMENTED: 92.525, 95.18, 136.03, 192.001(18), 192.0105, 193.052, 193.077, 193.085, 193.092, 193.114, 193.122, 193.155, 193.1554, 193.1555, 193.1556, 193.461, 193.501, 193.503, 193.625, 193.703, 194.011, 194.032, 194.034, 194.035, 194.037, 195.002, 195.022, 195.087, 196.011, 196.015, 196.031, 196.075, 196.095, 196.101, 196.121, 196.141, 196.151, 196.173, 196.183, 196.193, 196.1961, 196.1983, 196.1995, 196.202, 196.24, 196.26, 197.182, 197.222, 197.2423, 197.2425, 197.318, 197.3632, 197.3635, 197.414, 197.432, 197.472, 197.502, 197.512, 197.552, 200.065, 200.069, 218.12, 218.125, 218.131, 218.66, 218.67 FS.

A RULE DEVELOPMENT WORKSHOP WILL BE HELD AT THE DATE, TIME AND PLACE SHOWN BELOW:

DATE AND TIME: August 5, 2021, 10:00 a.m., following discussion of the Form DR-501.

PLACE: 2450 Shumard Oak Blvd., Building 2, Room 1220, Tallahassee, Florida.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 48 hours before the workshop/meeting by contacting: Mike Cotton at (850)617-8870. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Mike Cotton, Property Tax Oversight Program, telephone (850)617-8870 or email DORPTO@floridarevenue.com.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS: Published on the Department's website at www.floridarevenue.com/rules.

DEPARTMENT OF MANAGEMENT SERVICES

E911 Board

RULE NO.: RULE TITLE:

60FF1-5.006 Requirements for County Carry Forward

Funds and Excess Funding

PURPOSE AND EFFECT: The Board proposes the rule amendment to clarify language consistent with statutory provision and insert new address.

SUBJECT AREA TO BE ADDRESSED: Requirements for County Carry Forward Funds and Excess Funding

RULEMAKING AUTHORITY: 365.172(6)(a)11. FS.

LAW IMPLEMENTED: 365.173(2) FS.

IF REQUESTED IN WRITING AND NOT DEEMED UNNECESSARY BY THE AGENCY HEAD, A RULE DEVELOPMENT WORKSHOP WILL BE NOTICED IN THE NEXT AVAILABLE FLORIDA ADMINISTRATIVE REGISTER.

THE PERSON TO BE CONTACTED REGARDING THE PROPOSED RULE DEVELOPMENT AND A COPY OF THE PRELIMINARY DRAFT, IF AVAILABLE, IS: Matthew Matney, Chairman, E911 Board, 4030 Esplanade Way, Suite 135F, Tallahassee, Florida 32399-0950.

THE PRELIMINARY TEXT OF THE PROPOSED RULE DEVELOPMENT IS NOT AVAILABLE.

DEPARTMENT OF MANAGEMENT SERVICES

E911 Board

RULE NO.: RULE TITLE:

60FF1-5.0035 Florida 911 Reporting Forms

PURPOSE AND EFFECT: The Board proposes the creation of a new rule simplifying and allowing easy access to forms.

SUBJECT AREA TO BE ADDRESSED: Reporting Forms

STATE OF FLORIDA

DEPARTMENT OF REVENUE

PROPERTY TAX OVERSIGHT PROGRAM

CHAPTER 12D-16, FLORIDA ADMINISTRATIVE CODE

ADMINISTRATION OF FORMS

AMENDING RULE 12D-16.002

12D-16.002 Index to Forms.

(1) The following paragraphs list the forms adopted by the Department of Revenue. A copy of these forms may be obtained from the Department's website at http://floridarevenue.com/property/, or by writing to: Property Tax Oversight Program, Department of Revenue, Post Office Box 3000, Tallahassee, Florida 32315-3000. The Department of Revenue adopts, and incorporates by reference in this rule, the following forms and instructions:

| | Form Number | Form Title | Effective Date |
|---------|-----------------|--|------------------------------|
| (2) | through (39)(b) |) No change. | Date |
| (c) | DR-501CC | Ad Valorem Tax Exemption Application and Return for | <u>xx/xx</u> |
| | | Proprietary Continuing Care Facility (r. xx/xx 11/12) | 11/12 |
| | | https://www.flrules.org/Gateway/reference.asp?No=Ref- | |
| | | 01794 | |
| (d) | through (40) | No change. | |
| (41)(a) |) DR-504 | Ad Valorem Tax Exemption Application and Return <u>for</u> - | <u>xx/xx</u> 1/18 |
| | | Charitable, Religious, Scientific, Literary Organizations, | |

| | | Hospitals, Nursing Homes, and Homes for Special | |
|---------------|-----------------|---|------------------------------|
| | | Services (r. $\underline{xx/xx}$ $\underline{1/18}$) | |
| | | https://www.flrules.org/Gateway/reference.asp?No=Ref- | |
| | | 09023 | |
| <u>(b)</u> | DR-504AFH | Ad Valorem Tax Exemption Application and Return for | xx/xx |
| | | Multifamily Project and Affordable Housing Property (n. | |
| | | <u>xx/xx)</u> | |
| | | https://www.flrules.org/Gateway/reference.asp?No=Ref | |
| <u>(c)(b)</u> | DR-504CS | Ad Valorem Tax Exemption Application and Return for - | <u>xx/xx</u> 1/01 |
| | | Charter School Facilities (<u>r. xx/xx</u> n. 12/00) | |
| | | https://www.flrules.org/Gateway/reference.asp?No=Ref | |
| <u>(d)</u> | <u>DR-504ED</u> | Ad Valorem Tax Exemption Application and Return for | xx/xx |
| | | Educational Property (n. xx/xx) | |
| | | https://www.flrules.org/Gateway/reference.asp?No=Ref | |
| <u>(e)(c)</u> | DR-504HA | Ad Valorem Tax Exemption Application and Return <u>for</u> – | xx/xx |
| | | Nonprofit Homes for the Aged (<u>r. xx/xx</u> n. 11/01) | 12/01 |
| | | https://www.flrules.org/Gateway/reference.asp?No=Ref | |
| <u>(f)(d)</u> | DR-504S | Individual Affidavit for Ad Valorem Tax Exemption-Homes | $\underline{xx/xx}$ |
| | | for the Aged (r. $\underline{xx/xx} \frac{11/12}{}$) | 11/12 |
| | | https://www.flrules.org/Gateway/reference.asp?No=Ref | |
| | | 01802 | |
| <u>(g)</u> | <u>DR-504W</u> | Ad Valorem Tax Exemption Application and Return for Not- | xx/xx |
| | | for-Profit Sewer and Water Company and Not-for-Profit Water | • - |

and Wastewater Systems (n. xx/xx)

https://www.flrules.org/Gateway/reference.asp?No=Ref_

(42) through (61) No change.

Rulemaking Authority 195.027(1) FS. Law Implemented 95.18, 136.03, 192.001(18), 192.0105, 193.052, 193.077, 193.085, 193.092, 193.114, 193.122, 193.155, 193.1554, 193.1555, 193.1556, 193.461, 193.501, 193.503, 193.625, 193.703, 194.011, 194.032, 194.034, 194.035, 194.037, 195.002, 195.022, 195.087, 196.011, 196.015, 196.031, 196.075, 196.095, 196.101, 196.121, 196.141, 196.151, 196.173, 196.183, 196.193, 196.1961, 196.1983, 196.1995, 196.202, 196.24, 196.26, 197.182, 197.222, 197.2423, 197.2425, 197.318, 197.3632, 197.3635, 197.414, 197.432, 197.472, 197.502, 197.512, 197.552, 200.065, 200.069, 218.12, 218.125, 218.131, 218.66, 218.67 FS. History—New 10-12-76, Amended 4-11-80, 9-17-80, 5-17-81, 1-18-82, 4-29-82, Formerly 12D-16.02, Amended 12-26-88, 1-9-92, 12-10-92, 1-11-94, 12-27-94, 12-28-95, 12-25-96, 12-30-97, 12-31-98, 2-3-00, 1-9-01, 12-27-01, 1-20-03, 1-26-04, 12-30-04, 1-16-06, 10-2-07, 3-30-10, 11-1-12, 9-10-15, 4-5-16, 6-14-16, 1-9-17, 9-19-17, 1-17-18, 4-10-18, 9-17-18, 7-9-19, 12-7-20, xx-xx-xx.



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR PROPRIETARY CONTINUING CARE FACILITY

DR-501CC R. xx/xx Rule 12D-16.002 F.A.C. Effective xx/xx Page 1 of 2

Section 196.1977, Florida Statutes

This application is for use by certified continuing care facilities that are not qualified for exemption as a nonprofit home for the aged to apply for an ad valorem tax exemption, as provided in section (s.) 196.1977, Florida Statutes (F.S.).

This completed application, including all required attachments, must be filed with the county property appraiser on or before **March 1 of the current tax year.**

| Applicant | name | | | Facility name | | | |
|---------------------------|--|---|-----------|--------------------------------|---------|---------------------|-----------------|
| Mailing address | | | | Physical address, if different | | | |
| Business phone | | | | County where propis located | erty | | |
| Parcel ide | ntificat | ion or legal description | | | | | |
| Provid If yes, | ler, cert attach | of the current year, did the ified by the Florida Office of a copy of the certification. | Insuran | ce Regulation unde | r Chap | oter 651, F.S.? [| ☐ Yes ☐ No |
| | 2. Is the applicant qualified for an exemption under section 196.1975, F.S., as a nonprofit home for the aged or other ad valorem tax exemption? Yes No | | | | | | |
| | 3. On January 1 of the current year, the number of units and apartments that qualify for \$25,000 exemption under s. 196.1977(1) and (2),F.S. | | | | | | |
| 4. On Ja | nuary 1 | of the current year, the num | nber of u | nits and apartments | in the | facility | |
| | | have included an affidavit f | or each | eligible resident of a | qualif | ied unit or apartr | ment. |
| receive it. credit to h | I affirm | owner, I must disclose to a the resident will receive the er unit's monthly maintenan e information. | e full be | nefit from this exem | ption i | n either an annu | al or monthly |
| I certify all 1 of the ta | | ation on this application, in | cluding | any attachments, is | true, c | correct, and in eff | fect on January |
| | | | | | | | |
| | | Signature | | Pri | nt name | | Date |
| | | Title | | | | | |

INSTRUCTIONS

To apply for this exemption, a proprietary continuing care facility must:

- be certified under Chapter 651, F.S.
- not qualify for an exemption under section 196.1975, F.S., or similar exemption, on January 1 of the year applied for.

For each qualifying unit or apartment, on January 1 the resident must:

- hold a continuing care contract under Chapter 651, F.S.
- reside in and make the unit his or her permanent home
- not be eligible for any other homestead exemption
- file an affidavit with the facility.

Include an affidavit (sample on page 2) for each qualifying residents with this application.

INDIVIDUAL AFFIDAVIT FOR AD VALOREM TAX EXEMPTION

DR-501CC Eff. xx/xx Page 2 of 2

PROPRIETARY CONTINUING CARE FACILITY Section 196.1977, F.S.

| COMPLETED BY EACH RESIDENT | |
|--|-------------------------|
| Resident name Tax Yea | r 20 |
| Facility name Unit i | number |
| 1. On January 1 of the current year, did you live in this unit or apartment and consider it your permanent home? | ☐ Yes ☐ No |
| 2. Do you have a continuing care contract as defined in Chapter 651, F.S.? | ☐ Yes ☐ No |
| 3. Have you claimed homestead exemption on any other property for the current year? | ☐ Yes ☐ No |
| Under penalties of perjury, I declare that I have read the foregoing Affidavit, an it are true. | d that the facts stated |
| Signature, resident | Date |

NOTICE TO RESIDENT

This facility must tell you how much they will save in taxes from this exemption. The facility must lower your maintenance fee by the full amount. They must lower your fee every month, or lower your fee one time for the entire year.

Any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to 1 year or a fine up to \$5,000, or both. (see Section 196.131(2), F.S.)



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR CHARITABLE, RELIGIOUS, SCIENTIFIC, LITERARY ORGANIZATIONS, HOSPITALS, NURSING HOMES, AND HOMES FOR SPECIAL SERVICES

DR-504 R. XX/XX Rule 12D-16.002 FAC Eff. xx/xx

Sections 196.195, 196.196 and 196.197, Florida Statutes

| This application is for use by nonprofit organizations to apply for an ad valorem tax exemption for property used predominantly for an exempt purpose, as provided in sections (ss.) 196.195, 196.196, and 196.197, Florida Statutes (F.S.) (select all that apply): | | | | | | | | |
|--|--|-------------------|--------------------------------------|--|--------------------|--|--|--|
| | ☐ Charitable ☐ Religious ☐ Scientific ☐ Literary | | | | | | | |
| | ☐ Hospital ☐ Nursing Home ☐ Homes for Special Services | | | | | | | |
| This completed application or before March 1 | | | nents, must be | filed with the county | property appraiser | | | |
| General Information | n (All applicants | must complete | e this section.) | | | | | |
| Applicant name | | | Facility name | | | | | |
| Mailing address | | | Physical address, if different | | | | | |
| Business phone | | | County where | property is located | | | | |
| Parcel identification no | | • | | | | | | |
| 1. On January 1 of the | e current year, was | s the applicant a | Florida not-for- | -profit corporation? | ☐ Yes ☐ No | | | |
| • | amended, and a of the Internal Reve | copy of the Bylav | ws, as amende | partment of State, a d. If qualified as cha determination letter | ritable under | | | |
| If no , attach a copy of evidencing the orga | | • | ation, as amen | ded, and other orgar | nizing documents | | | |
| 2. How is the property used? (Attach additional pages if needed.) | | | | | | | | |
| 3. Is any portion of th | ne property rented | or leased? | Yes No | | | | | |
| If yes, attach a copy of all rental and lease contracts in effect during the last calendar year. | | | | | | | | |
| Is any portion of the property used for non-exempt purposes as provided in ss. 196.196 and 196.197, F.S.? ☐ Yes ☐ No | | | | | | | | |
| If yes, provide a de | If yes, provide a detailed explanation. (Attach additional pages if needed.) | | | | | | | |
| For use by property ap | opraisers | Appl | ication Numbe | r | | | | |

| F | lospi | tals, Nursing Homes, and Homes for Special Services |
|----|----------------------|--|
| 1. | Inter | anuary 1 of the current year, was the applicant qualified as charitable under section 501(c)(3) of the nal Revenue Code, as determined by the Internal Revenue Service? Yes No |
| | | s , attach a copy of the determination letter from the Internal Revenue Service, a copy of the Articles corporation, as amended, and a copy of the Bylaws, as amended. |
| 2. | | anuary 1 of the current year, did the organization hold a valid license issued by the Agency for Health Care inistration under |
| | : | Chapter 395, Florida Statutes (F.S.) – Hospital or Ambulatory Surgical Center Yes No Chapter 400, F.S. – Nursing Home, Home for Special Services and Related |
| | | Health Care Facility, or |
| | If yes | s, attach a copy of the license issued by the Agency for Health Care Administration. |
| A | | ments (All applicants must attach the following information to this application.) On each attachment, de your name, address, and an indication that the information is an attachment to this application. |
| 1. | Prov | ide a copy of the organization's most recent financial statement. |
| 2. | | ide a copy of the organization's most recent federal tax return (if filed). |
| 3. | Prov oper prec | ide the following fiscal and other records showing in reasonable detail the financial condition, record of ation, and exempt and nonexempt uses of the property, where appropriate, for the immediately eding fiscal year: |
| | | A schedule of payments or advances, directly or indirectly, by way of salaries, fees, loans, gifts, |
| | | conuses, gratuities, drawing accounts, commissions or other compensation (except reimbursements |
| | te | or reasonable out-of-pocket expenses incurred on behalf of the applicant) to |
| | | any officer, director, trustee, member, or stockholder, or |
| | h ^ | any person, company, or other entity directly or indirectly controlled by the applicant. an explanation for the guarantee of any loan to or obligation of any officer, director, trustee, member, |
| | С | or stockholder of the applicant or any entity directly or indirectly controlled by the applicant. |
| | | Any contractual arrangement by the applicant or any officer, director, trustee, member, or stockholder of the applicant regarding the |
| | | rendition of services; |
| | | provision of goods or supplies; |
| | | management of the applicant; |
| | | construction or renovation of the property; |
| | | procurement of the real, personal, or intangible property; and other similar financial interest in the efforce of the applicant. |
| | d A | other similar financial interest in the affairs of the applicant. A schedule of payments or amounts for |
| | u. <i>r</i> | salaries for operation; |
| | | services received; |
| | | supplies and materials; |
| | | reserves for repair, replacement, and depreciation of the property; |
| | | any mortgage, lien, and other encumbrances; and |
| | | other purposes (explain). |
| | | schedule of charges for services rendered by the applicant. If the charges for services rendered |
| | | exceed the value of the services rendered, information on whether the excess is used to pay |
| | | naintenance and operational expenses furthering its exempt purpose or to provide services to persons |
| | | nable to pay for the services. In affirmative statement that no part of the property, or no part of the proceeds of the sale, lease, or |
| | | other disposition of the property, will inure to the benefit of its members, directors, or officers, or to any |
| | | person or firm operating for a profit or for a nonexempt purpose. |
| | | |

| Signature (ALL applicants must complete this se | ection.) | |
|---|-------------------------------------|---------------------------------|
| Florida law requires property appraisers to detern exempt purposes before granting an ad valorem t information or documentation is needed to detern | tax exemption. Property appraiser | s will notify you if additional |
| I certify all information on this application, including 1 of the tax year. | ng any attachments, is true, correc | ct, and in effect on January |
| Signature | Title | Date |

Need Help?

In Florida, local governments are responsible for administering property tax. The best resource for assistance is the property appraiser in the county where the property is located. Find websites for county property appraisers at:

floridarevenue.com/PTO/countyofficials



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR MULTIFAMILY PROJECT AND AFFORDABLE HOUSING PROPERTY

DR-504AFH N. XX/XX Rule 12D-16.002, F.A.C. Effective XX/XX Page 1 of 2

Section 196.1978, Florida Statutes

| | s for use by owners of affordable housing on (s.) 196.1978, Florida Statutes (F.S.), | • | | ЗS |
|------------------------------------|---|--------------------------------------|--|----|
| | Affordable Housing Property Exemption | · · · · · · | family Project Exemption | |
| This completed a | pplication, including all required attachment of the current tax year. | ents, must be fi | led with the county property apprais | er |
| General Inform | nation (ALL applicants must complete th | is section) | | |
| Applicant name | | | | |
| Mailing address | | Physical address, if different | | |
| Business phone | | County where property is located | | |
| Parcel identificati | on number or legal description | | | |
| | Dject Exemption (Complete this section to for affordable housing to persons or far | | | |
| 1. On January 1 housing? | of the current year, how many units of th | e multifamily pr | oject are used to provide affordable | |
| property will b | r subject to an agreement with the Florida e used for affordable housing property fo ☐ Yes ☐ No | • | • | |
| _ | ent with the Florida Housing Finance Corperty is located? | poration record | led in the official records of the coun | ty |
| 4. On January 1 | of the current year, has at least 15 years | of the recorded | d agreement been completed? | |
| | using Property Exemption (Complete tax on affordable housing property.) | e this section if | you are applying for an exemption | |
| 1. On January 1 under s. 501(| of the current year, was the applicant a c)(3) of the Internal Revenue Code, and 717? Yes No | not-for-profit co in compliance v | orporation, qualified as charitable with Revenue Procedures 96-32, | |
| | a copy of the determination letter issued orporation, as amended, and a copy of the | • | • • • | |
| | copy of the applicant's Articles of Organ idencing the organization's purpose. | ization, as ame | nded, and other organizing | |
| 2. Does the prop | erty provide affordable housing to eligible Yes No | e persons as de | efined by s. 159.603, F.S.? | |
| 3. Does the prop s. 420.0004, F | erty provide affordable housing to persor .S.? | ns or families m | eeting the income limits specified in | |
| For use by prop | erty appraisers <u>Appl</u> | ication Number | | - |

Affordable Housing Property Exemption - Information and Documentation Required

- 1. Provide a copy of the organization's most recent financial statement.
- Provide a copy of the organization's most recent federal tax return (if filed).
- Provide the following fiscal and other records showing in reasonable detail the financial condition, record of operation, and exempt and nonexempt uses of the property, where appropriate, for the immediately preceding fiscal year:
 - a. A schedule of payments or advances, directly or indirectly, by way of salaries, fees, loans, gifts, bonuses, gratuities, drawing accounts, commissions or other compensation (except for reimbursements for reasonable out-of-pocket expenses incurred on behalf of the applicant) to
 - any officer, director, trustee, member, or stockholder, or
 - any person, company, or other entity directly or indirectly controlled by the applicant.
 - b. An explanation for the guarantee of any loan to or obligation of any officer, director, trustee, member, or stockholder of the applicant or any entity directly or indirectly controlled by the applicant.
 - c. Any contractual arrangement by the applicant or any officer, director, trustee, member, or stockholder of the applicant regarding the
 - rendition of services;
 - · provision of goods or supplies;
 - management of the applicant;
 - construction or renovation of the property;
 - procurement of the real, personal, or intangible property; and
 - other similar financial interest in the affairs of the applicant.
 - d. A schedule of payments or amounts for
 - salaries for operation;
 - services received;
 - supplies and materials;
 - reserves for repair, replacement, and depreciation of the property;
 - any mortgage, lien, and other encumbrances; and
 - other purposes (explain).
 - e. A schedule of charges for services rendered by the applicant. If the charges for services rendered exceed the value of the services rendered, information on whether the excess is used to pay maintenance and operational expenses furthering its exempt purpose or to provide services to persons unable to pay for the services.
 - f. An affirmative statement that no part of the property, or no part of the proceeds of the sale, lease, or other disposition of the property, will inure to the benefit of its members, directors, or officers, or to any person or firm operating for a profit or for a nonexempt purpose.

Florida law requires property appraisers to determine whether an organization uses the identified property for exempt purposes before granting an ad valorem tax exemption. Property appraisers will notify you if additional information or documentation is needed to determine eligibility for the exemption requested.

| certify | all informatior | n on this a | application, | including any | attachments, | is true, | correct and in | effect on | January 1 |
|----------|-----------------|-------------|--------------|---------------|--------------|----------|----------------|-----------|-----------|
| of the t | ax year. | | | | | | | | |
| | | | | | | | | | |

| , | | |
|-----------|-------|------|
| Signature | Title | Date |

Need Help?

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AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR EDUCATIONAL PROPERTY

Section 196.198, Florida Statutes

DR-504ED
N. XX/XX
Rule 12D-16.002, F.A.C.
Effective xx/xx
Page 1 of 2

This application is used by owners of certain educational institutions to apply for an ad valorem tax exemption for property used exclusively for educational purposes as provided in section (s.) 196.198, Florida Statutes (F.S.), by (select one): Educational institutions, including schools, colleges, and universities, as defined in s. 196.012(5), F.S., and their property used exclusively for education purposes as provided in s. 196.198, F.S. (Attach a copy of evidence of the certification, accreditation, membership, or participation as an educational institution as provided in s. 196.012(5), F.S.) College or university fraternities and sororities certified by the president of the college or university to the property appraiser as being essential to the educational process. (Attach a copy of the letter issued to the property appraiser.) Sheltered workshop providing rehabilitation and retraining of individuals who have disabilities which hold a certificate to employ workers with disabilities at subminimum wages issued under section (14)(c) of the federal Fair Labor Standards Act, as amended. (Attach a copy of the certificate issued by the U.S. Department of Labor, Wage and Hour Division.) Public fairs and expositions chartered by Chapter 616, F.S. (Attach a copy of the Fair Permit (Form FDACS-06118) issued by the Florida Department of Agriculture and Consumer Services.) This completed application, including all required attachments, must be filed with the county property appraiser on or before March 1 of the current tax year. General Information Applicant name Mailing address **Physical** address. if different Business phone County where property is located Parcel identification or legal description 1. On January 1 of the current year, was the applicant a not-for-profit corporation qualified under section 501(c)(3) of the Internal Revenue Code? ☐ Yes ☐ No If yes, attach a copy of the Articles of Incorporation, as amended, and a copy of the Bylaws, as amended. If qualified as charitable under section 501(c)(3) of the Internal Revenue Code, attach a copy of the determination letter issued by the Internal Revenue Service. How is the property used exclusively for educational purposes as provided in s. 196.198, F.S? (Attach additional pages if needed.) For use by property appraisers Application Number

| If yes , provide a detailed explanation. (Attach additional pa | | |
|--|-------------------------------|------------------------|
| Signature | | |
| Florida law requires property appraisers to determine whethe exempt purposes before granting an ad valorem tax exemption additional information or documentation is needed to determine requested. | on. Property appraisers will | notify you if |
| I certify all information on this application, including any attac 1 of the tax year. | hments, is true, correct, and | I in effect on January |
| Signature | Title | Date |

Need Help?

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AD VALOREM TAX EXEMPTION APPLICATION AND RETURN NOT-FOR-PROFIT SEWER AND WATER COMPANY AND NOT-FOR-PROFIT WATER AND WASTEWATER SYSTEMS

DR-504W N. XX/XX Rule 12D-16.002, F.A.C. Effective xx/xx Page 1 of 3

Section 196.2001 and 196.2002, Florida Statutes

| | s used by not-for-profit ow tax exemption, as provic | - | | | |
|---|---|-----------------------|---|---------------------------|-----------|
| Sewe | r and Water System | ☐ Water, Wastev | vater, or Water | and Wastewater Syster | n |
| | oplication, including all rech 1 of the current tax y | • | must be filed w | ith the county property | appraiser |
| A. General Info | rmation (ALL applicants | must complete this | section) | | |
| Applicant name | | | | | |
| Mailing address | | Phys addr diffe | ess, if | | |
| Business phone | | | nty where erty is ted | | |
| Parcel identification | on or legal description | | | | |
| water nonprofit co | ewer and Water System orporation qualifies for ex ublic funds would be requ | emption and perform | ns a public purp | ose in the absence of v | |
| On January 1 of the current year, was the applicant a Florida not-for-profit corporation, qualified as exempt from federal income tax under section 115(a), Internal Revenue Code? Yes No | | | | | |
| Articles of Inc | a copy of the filing confire orporation, as amended, by the Internal Revenue S | a copy of the Bylaws | • | | |
| 2. Does any net | income derived by the co | orporation benefit an | y private shareh | nolder or individual? | |
| ☐ Yes ☐ No |) | | | | |
| 3. Do the gross i | receipts of the applicant of | constitute gross inco | me for federal ir | ncome tax purposes? | |
| ☐ Yes ☐ No | | | | | |
| <u></u> | of the governing board se | erve without compen | sation? | | |
| Yes No | | | f the account of the contract | | |
| | services established by the rvice Commission? | ie governing board d | or the county wh | ere services are provid | ea or by |
| ☐ Yes ☐ No | | | | | |
| 6. Does ownersh retired? | nip of the corporation rev | ert to the county whe | en the company | 's outstanding indebted | ness is |
| ☐ Yes ☐ No |) | | | | |
| 7. Is any portion of | of the property rented or | eased? | | | |
| ☐ Yes ☐ No | o If yes , attach a copy of | all rental and lease | contracts in effe | ect during the last calen | dar vear. |

| Not-for-profit Sewer and Water - Information and Documentation Required (Florida not-for-profit |
|--|
| corporations owning or operating a water and sewer system must attach the following information to this |
| application. On each attachment, include your name, address, and an indication that the information is an attachment to this application.) |
| Provide the following financial records for the immediately preceding fiscal year: |
| Financial statements showing the financial condition and records of operations for the preceding fiscal |
| year, certified by an independent certified public accountant. |
| Additional records and information requested by the property appraiser to determine whether the applicant has met the requirements of subsection 196.2001(1), F.S. |
| Provide a schedule of payments or advances, directly or indirectly, by way of salaries, fees, loans, gifts, bonuses, gratuities, drawing accounts, commissions, or other compensation (except for reimbursements for reasonable out-of-pocket expenses incurred on behalf of the applicant) to any officer, director, trustee, member, or stockholder, or any person, company, or other entity directly or indirectly controlled by the applicant. |
| 3. Provide any contracts between any officer, director, trustee, member, or stockholder of the corporation |
| regarding the: |
| rendition of services;provision of goods or supplies; |
| management of the applicant; |
| construction or renovation of the property of the corporation; |
| procurement of the real, personal, or intangible property of the corporation; and |
| other similar financial interest in the affairs of the corporation. |
| 4. Provide a schedule of payments or amounts for: |
| salaries for the operations of the corporation;services received; |
| supplies and materials; |
| reserves for repair, replacement, and depreciation of the property; |
| any mortgage, lien, and other encumbrance; and |
| other purposes (explain). |
| Not-for-profit Water, Wastewater, or Water and Wastewater System |
| On January 1 of the current year, was the applicant not-for-profit corporation qualified as exempt from federal income tax under section 501(c)(12), Internal Revenue Code? |
| If yes , attach a copy of the Articles of Incorporation, as amended, a copy of the Bylaws, as amended, and a copy of the letter ruling issued by the Internal Revenue Service. |
| Is the sole or primary function of the not-for-profit corporation to construct, maintain, or operate a water system, wastewater system, or a water and wastewater system? |
| If yes , explain. |
| |
| |
| |
| |

| Signature (ALL applicants must complete this s | section) | | | |
|--|----------|------|--|--|
| lorida law requires property appraisers to determine whether an organization uses the identified property for xempt purposes before granting an ad valorem tax exemption. Property appraisers will notify you if additional formation or documentation is needed to determine eligibility for the exemption or discount requested. | | | | |
| certify all information on this application, including any attachments, is true, correct, and in effect on January of the tax year. | | | | |
| Signature | Title | Date | | |

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floridarevenue.com/PTO/countyofficials



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR CHARTER SCHOOL FACILITIES Rule 12D-16.002, F.A.C.

Section 196.1983, Florida Statutes

DR-504CS R. xx/xx Effective xx/xx Page 1 of 2

This application is for use by any charter school that owns property used as a charter school facility, or any owner of property leased and used as a charter school facility, to apply for an ad valorem tax exemption for property as provided in section 196.1983, Florida Statutes. The owner of the property must file this application to receive the exemption.

This completed application, including all required attachments, must be filed with the county property appraiser on or before March 1 of the current tax year.

| General Information (ALL applicants must complete this section.) | | | | | |
|--|---|---|---|-------|--|
| Applicant na | ame | Charter sch | chool name | | |
| Mailing Address | | Physical Address, if different | f | | |
| Business Phone | | County where property is located | | | |
| 1. Parcel ide | entification or legal description | | | | |
| 2. Description | 2. Description of property used by the charter school: (Attach additional pages if needed.) | | | | |
| 3. On Janua | On January 1 of the current year, the percentage of property used by the charter school:% | | | | |
| Florida law requires property appraisers to determine whether an organization uses the identified property for exempt purposes before granting an ad valorem tax exemption. Property appraisers will notify you if additional information or documentation is needed to determine eligibility for the exemption or discount requested. | | | | | |
| Charter Sch | nool (To be completed by the charter school | as owner o | of the property.) | | |
| I certify all in of the tax ye | nformation on this application, including any a ear. | attachments | ts, is true, correct, and in effect on Janu | ary 1 | |
| | Signature | | Title Date | | |

| Landiord for Leasenoid Properties | | | | | |
|--|----------------------------|------|--|--|--|
| (To be completed by the owner of the property leased | and used as a charter scho | ol.) | | | |
| I hereby certify that the above charter school has been provided an affidavit certifying that required payments made by the school under the lease, whether paid to the landlord or on behalf of the landlord to a third party, will be reduced to the extent of the exemption received. The full amount of the benefit derived from the exemption has been will be disclosed to the charter school on (date). | | | | | |
| I certify all information on this application, including any attachments, is true, correct, and in effect on January 1 of the tax year. | | | | | |
| Signature | Title | Date | | | |

Need Help?

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floridarevenue.com/PTO/countyofficials



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN FOR NONPROFIT HOMES FOR THE AGED

DR-504HA R. xx/xx Rule 12D-16.002, F.A.C. Effective xx/xx Page 1 of 2

Section 196.1975, Florida Statutes

This application is for use by nonprofit homes for the aged to apply for an ad valorem tax exemption for property, as provided in section (s.) 196.1975, Florida Statutes (F.S.).

This completed application, including all required attachments, must be filed with the county property appraiser on or before **March 1 of the current tax year.**

| Gen | eral Information | | | | |
|---|---|--------------------------------------|-------------------------------------|--|--|
| Appli name | | Facility name | | | |
| Mailir addre | | Physical address, if different | | | |
| Busir phon | | County where property is located | | | |
| Parce | el identification number or legal description | | | | |
| Is th | e applicant a not-for-profit corporation or a limited | partnership? (ch | eck one) | | |
| | The applicant is a Florida corporation not-for-profit pufederal income tax under s. 501(c)(3), Internal Rev | | 617, F.S., and is exempt from | | |
| | ☐ The applicant is a Florida limited partnership and the sole general partner is a corporation not-for-profit pursuant to Chapter 617, F.S., and exempt from federal income tax under section 501(c)(3), Internal Revenue Code. | | | | |
| | Attach a copy of the filing confirmation letter from the Florida Department of State and a copy of the determination letter from the Internal Revenue Service. | | | | |
| Faci | ility Information | | | | |
| 1. (| On January 1 of the current year, did the organization hold a valid license as an assisted living facility? | | | | |
| ☐ Yes ☐ No If yes , attach a copy of the licensed issued by the Agency for Health Care Administration. | | | | | |
| | On January 1 of the current year, what percentage of the occupants are over the age of 62 years or totally and permanently disabled? | | | | |
| | What portion of the property is devoted exclusively to nedical services? | conduct religious | services or to render nursing or | | |
| 4. V | What portion of the property is used for non-exempt p | urposes? | % | | |
| F | Provide a detailed explanation of the non-exempt use of | of the property. (A | ttach additional pages, if needed.) | | |
| 5. V | What portion of the property is leased or rented to nor | residents? | % | | |
| P | Attach a copy of all rental and lease contracts in effec | t during the last o | alendar year. | | |

| Residential Unit Information | |
|---|------------------------|
| 1. On January 1 of the current year, the number of units and apartments ("units") in the facilit excluding non-resident units. | ty, |
| 2. On January 1 of the current year, the number of units that qualify for the exemption provid 196.1975(4), F.S. See Instructions. | led in s. |
| 3. Percent of the units that are exempt (line 2 divided by line 1) | % |
| 4. On January 1 of the current year, the number of units qualifying for the \$25,000 exempunder s. 196.1975(9)(a), F. S. | ption |
| Signature | |
| Florida law requires property appraisers to determine whether an organization uses the idexempt purposes before granting an ad valorem tax exemption. Property appraisers will additional information or documentation is needed to determine eligibility for the exemption | notify you if |
| I certify all information on this application, including any attachments, is true, correct, and 1 of the tax year. | l in effect on January |
| | |
| Signature Title | Date |

INSTRUCTIONS

In addition to the general requirements specified in s. 196.195, F.S., a unit or apartment ("unit") must be occupied by the following classes of persons as of January 1 of the year to qualify for the exemption. Each person must also meet the income limitations provided in s. 196.1975(4), F.S.

- Persons that are age 62 years of age or older
- Persons that are totally and permanently disabled
- Couples, one of whom must be 62 years old or older
- Couples, one or both of whom are totally and permanently disabled

The Department publishes the annual maximum income limitation in the publication, *Cost of Living*, available at https://floridarevenue.com/property/Documents/CostofLivingAdjust.pdf. These income limitations do not apply to totally and permanently disabled veterans who meet the requirements of s. 196.081, F.S.

Occupant Affidavits Required

Each person occupying a unit to which an ad valorem tax exemption applies must issue an *Individual Affidavit for Ad Valorem Tax Exemption Homes for the Aged* (Form DR-504S, incorporated by reference in Rule 12D-16.002, F.A.C.) stating the person occupies the unit and the person's annual income. Attach the affidavits to this application.

| Need | не | ıp? |
|------|----|-----|
| | | |

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floridarevenue.com/PTO/countyofficials



INDIVIDUAL AFFIDAVIT FOR AD VALOREM TAX EXEMPTION HOMES FOR THE AGED

DR-504S R. xx/xx Rule 12D-16.002 F.A.C. Effective xx/xx Page 1 of 2

Section 196.1975, Florida Statutes

| PART A. Completed by each resident. | | | |
|---|----------------------------|------------------------------------|---------------------------|
| Name | Sp | ouse's name | |
| Tax Year 20 Building name | | Apt. # | Resident Spouse |
| Tax Teal 20 Ballating harrie | | | Yes No Yes No |
| 1. Did you live in the unit on January 1 of the ta | x year and cor | nsider it your permanent home? | |
| 2. Have you claimed homestead exemption of | n any other p | roperty for the current year? | |
| 3. Were you at least 62 years old on January | 1 of this year | ? | |
| 4. Are you totally and permanently disabled? | If yes, attach | documentation of your disability. | |
| PART B. Completed by residents who w whose incomes are at or below the income | | • | ` ' |
| Are you a totally and permanently disabled yes, do not include your income below. | veteran as d | efined in s. 196.081, F.S.? If | |
| Do you survive a spouse you lived with at his yes to question 1 and also to 3 or 4? If yes, i | | | |
| | Gross Inc | ome | |
| Earned income | | Rents | |
| Income from investments | Dividends | | |
| Social Security benefits | ecurity benefits Annuities | | |
| Income from retirement plans | | Trusts | |
| Pensions | | Estates | |
| Interest | | Inheritances | |
| Royalties | Direct and indirect gifts | | |
| Gains from disposition of appreciated property | | Other: | |
| | | TOTAL GROSS INCO | OME |
| PART C. Completed by each resident. | | | |
| I certify all information on this application, incl of the tax year. | uding any atta | achments, is true, correct, and i | n effect on January 1 |
| Under penalties of perjury, I declare that I have | e read the for | regoing affidavit, and that the fa | cts stated in it are true |
| Resident | Date | Spouse | Date |

INSTRUCTIONS

This affidavit must be completed by residents who reside in a home for the aged, per section 196.1975(4), F.S. This affidavit is an attachment to the *Ad Valorem Tax Exemption Application and Return for Nonprofit Homes for the Aged* (Form DR-504HA, incorporated by reference in Rule 12D-16.002, F.A.C.). The applicant must submit both the application and all affidavits to the county property appraiser.

The Department publishes the annual maximum income limitation in the publication, *Cost of Living*, available at https://floridarevenue.com/property/Documents/CostofLivingAdjust.pdf. These income limitations do not apply to totally and permanently disabled veterans who meet the requirements of s. 196.081, F.S.