

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	perty			
Parcel ide	entificat	ion or legal description					
Provid If yes,	ler, cert attach	of the current year, did the tified by the Florida Office of a copy of the certification. In qualified for an exemption	f Insuran	ce Regulation unde	er Cha _l	oter 651, F.S.?	Yes 🗍 No
		rem tax exemption? \square Ye			,, as a	Tionpront from a	n tric agea or
		of the current year, the nunder s. 196.1977(1) and (2),F		nits and apartments	that qu	alify for \$25,000	
4. On Ja	nuary 1	of the current year, the nun	nber of u	nits and apartments	in the	facility	
	□ I	have included an affidavit f	or each	eligible resident of a	qualif	ied unit or apartn	nent.
receive it. credit to h	I affirm	owner, I must disclose to a n the resident will receive the er unit's monthly maintenar e information.	ne full be	nefit from this exem	ption i	n either an annua	al or monthly
I certify al 1 of the ta		nation on this application, in	cluding a	any attachments, is	true, o	correct, and in eff	ect on January
		Signature		- Pri	nt name	3	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	ar 20		
Facility name Unit	Unit 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, ar it are true.	nd 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.)