



ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS

DR-501
Rule 12D-16.002,
F.A.C.
Effective **xx/xx 01/23**
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Permanent Florida residency required on January 1.
Application due to property appraiser by March 1.

| | | | |
|--|--|--|--|
| County | | Tax Year | |
| I am applying for homestead exemption | | <input type="checkbox"/> New <input type="checkbox"/> Change | |
| Do you claim residency in another county or state? Applicant? | | <input type="checkbox"/> Yes <input type="checkbox"/> No Co-applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | Applicant | Co-applicant/Spouse | |
| Name | | | |
| *Social Security # | | | |
| Immigration # | | | |
| Date of birth | | | |
| % of ownership | | | |
| Date of permanent residency | | | |
| Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed | | | |
| Homestead address | | Mailing address, if different | |
| Parcel identification number or legal description | | Applicant Phone Co-applicant Phone | |
| Type of deed _____ | Date of deed _____ | | |
| Recorded: Book _____ Page _____ Date _____ or Instrument number _____ | | | |
| Did any applicant receive or file for exemptions last year? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Previous address: | | | |
| Please provide as much information as possible. Your county property appraiser will make the final determination. | | | |
| Proof of Residence | Applicant | Co-applicant/Spouse | |
| Previous residency outside Florida and date terminated | date | date | |
| FL driver license or ID card number | date | date | |
| Evidence of relinquishing driver license from other state | | | |
| Florida vehicle tag number | | | |
| Florida voter registration number (if US citizen) | date | date | |
| Declaration of domicile, enter date | date | date | |
| Current employer | | | |
| Address on your last IRS return | | | |
| School location of dependent children | | | |
| Bank statement and checking account mailing address | | | |
| Proof of payment of utilities at homestead address | <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Name and address of any owners not residing on the property | | | |

*Disclosure of your social security number is mandatory. It is required by section 196.011(1)(b), Florida Statutes. The social security number will be used to verify taxpayer identity and homestead exemption information submitted to property appraisers.

In addition to homestead exemption, I am applying for the following benefits.

See page **43** for qualification and required documents.

By local ordinance only:

- Age 65 and older with limited income (amount determined by ordinance)
- Age 65 and older with limited income and permanent residency for 25 years or more
- \$5,000 widowed \$5,000 blind \$5,000 totally and permanently disabled
- Total and permanent disability - quadriplegic
- Certain total and permanent disabilities - limited income and hemiplegic, paraplegic, wheelchair required, or legally blind
- First responder totally and permanently disabled in the line of duty or surviving spouse
- Surviving spouse of first responder who died in the line of duty
- Disabled veteran discount, 65 or older which carries over to the surviving spouse
- Veteran disabled 10% or more
- Disabled veteran confined to wheelchair, service-connected
- Service-connected totally and permanently disabled veteran or veteran's surviving spouse. Applicants for this exemption **may** qualify for a prorated refund of previous year's taxes if in the previous year they acquired this parcel between January 1 and November 1 **and provide proof of the disability as of January 1 of that tax year*. If you and** received the same exemption on another parcel **in the previous year, enter the** ~~Enter~~ previous parcel information **in the space provided.**
 Parcel number _____ County _____.
- Surviving spouse of veteran who died while on active duty. Applicants for this exemption **may** qualify for a prorated refund of previous year's taxes if in the previous year they acquired this parcel between January 1 and November 1 **and provide an official letter*. If you and** received the same exemption on another parcel **in the previous year, enter the** ~~Enter~~ previous parcel information **in the space provided.**
 Parcel number _____ County _____.
- Other, specify: _____

I authorize this agency to obtain information to determine my eligibility for the exemptions applied for. I qualify for these exemptions under Florida Statutes. I own the property above and it is my permanent residence or the permanent residence of my legal or natural dependent(s). (See s. 196.031, Florida Statutes.)

I understand that under section 196.131(2), F.S., 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 one year, a fine up to \$5,000, or both.

I have read, or have had someone read to me, the contents of this form.

I certify all information on this form and any attachments are true, correct, and in effect on January 1 of this year.

| | | | |
|----------------------|------|-------------------------|------|
| Signature, applicant | Date | Signature, co-applicant | Date |
|----------------------|------|-------------------------|------|

Contact your local property appraiser if you have questions about your exemption.
File the signed application for exemption with the county property appraiser.

| | | | |
|---|------|------------|------|
| Signature, property appraiser or deputy | Date | Entered by | Date |
|---|------|------------|------|

***See page 4 Forms and Documents for acceptable forms of proof.**

PENALTIES

The property appraiser has a duty to put a tax lien on your property if you received a homestead exemption during the past 10 years that you were not entitled to. The property appraiser will notify you that taxes with penalties and interest are due. You will have 30 days to pay before a lien is recorded. If this was not an error by the property appraiser, you will be subject to a penalty of 50 percent of the unpaid taxes and 15 percent interest each year (see s. 196.011(9)(a), F.S.). For special requirements for estates probated or administered outside Florida, see s. 196.161(1), F.S.

The information in this application will be given to the Department of Revenue. Under s. 196.121, F.S., the Department and property appraisers can give this information to any state where the applicant has resided. Social security numbers will remain confidential under s.193.114(5), F.S.

EXEMPTION AND DISCOUNT REQUIREMENTS

Homestead Every person who owns real property in Florida on January 1, makes the property his or her permanent residence or the permanent residence of a legal or natural dependent, and files an application may receive a property tax exemption up to \$50,000. The first \$25,000 applies to all property taxes. The added \$25,000 applies to assessed value over \$50,000 and only to non-school taxes.

Your local property appraiser will determine whether you are eligible. The appraiser may consider information such as the items requested on the bottom of page 1.

Save our Homes (SOH) Beginning the year after you receive homestead exemption, the assessment on your home cannot increase by more than the lesser of the change in the Consumer Price Index or 3 percent each year, no matter how much the just value increases. If you have moved from one Florida homestead to another within the last three years, you may be eligible to take some of your SOH savings with you. See your property appraiser for more information.

File the signed application for exemption with the county property appraiser.

This page does not contain all the requirements that determine your eligibility for an exemption.
 Consult your local property appraiser and Chapter 196, Florida Statutes, for details.

| Added Benefits Available for Qualified Homestead Properties | | | | |
|--|----------------------------------|--|---|---------|
| | Amount | Qualifications | Forms and Documents* | Statute |
| Exemptions | | | | |
| Local option, age 65 and older | Determined by local ordinance | Local ordinance, limited income | Proof of age DR-501SC, household income | 196.075 |
| | The amount of the assessed value | Local ordinance, just value under \$250,000, permanent residency for 25 years or more. | DR-501SC, household income | |
| Widowed | \$5,000 | | Death certificate of spouse | 196.202 |
| Blind | \$5,000 | | Florida physician, DVA*, or SSA** | 196.202 |
| Totally and Permanently Disabled | \$5,000 | Disabled | Florida physician, DVA*, or SSA** | 196.202 |
| | All taxes | Quadriplegic | 2 Florida physicians or DVA* | 196.101 |
| | All taxes | Hemiplegic, paraplegic, wheelchair required for mobility, or legally blind Limited income | DR-416, DR-416B, or letters from 2 FL physicians (For the legally blind, one can be an optometrist.) Letter from DVA*, and DR-501A, household income | 196.101 |
| Veterans and First Responders Exemptions and Discount | | | | |
| Disabled veteran discount, age 65 and older which carries over to the surviving spouse | % of disability | Combat-related disability | Proof of age, DR-501DV Proof of disability, DVA*, or US government | 196.082 |
| Veteran, disabled 10% or more by misfortune or during wartime service | Up to \$5,000 | Veteran or surviving spouse | Proof of disability, DVA*, or US government | 196.24 |
| Veteran confined to wheelchair, service-connected, totally disabled | All taxes | Veteran or surviving spouse | Proof of disability, DVA*, or US government | 196.091 |
| Service-connected, totally and permanently disabled veteran or surviving spouse | All taxes | Veteran or surviving spouse | Proof of disability, DVA*, or US government | 196.081 |
| Surviving spouse of veteran who died while on active duty | All taxes | Surviving spouse | US Government or DVA letter Letter attesting to the veteran's death while on active duty | 196.081 |
| First responder totally and permanently disabled in the line of duty or surviving spouse | All Taxes | First responder or surviving spouse | Proof of Disability, employer certificate, physician's certificate and SSA** (or additional physician certificate) | 196.102 |
| Surviving spouse of first responder who died in the line of duty | All taxes | Surviving spouse | Letter attesting to the first responder's death in the line of duty | 196.081 |
| *DVA is the US Department of Veterans Affairs or its predecessor. **SSA is the Social Security Administration. | | | | |

References

This form mentions the following documents, which are incorporated by reference in Rule 12D-16.002, F.A.C.
 The forms may be available on your county property appraiser's website or the Department of Revenue's website at floridarevenue.com/property/forms

Form

DR-416
 DR-416B
 DR-501A
 DR-501DV
 DR-501SC

Form Title

Physician's Certification of Total and Permanent Disability
 Optometrist's Certification of Total and Permanent Disability
 Statement of Gross Income
 Application and Return for Homestead Tax Discount, Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse
 Adjusted Gross Household Income, Sworn Statement and Return