

### ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS VOLUSIA COUNTY, FLORIDA

Permanent Florida residency required on January 1<sup>st</sup>. Application due to Property Appraiser by March 1<sup>st</sup>.

Property Identification Number		Al	ternate Ke	ey		Tax Y	ear	
I am applying for homestead exemption New	Changed	Do an	y exempti	ions apply t	o you on p	age 2? _	Yes	No
Homestead address		Maili	ng addre	<mark>ss, if differ</mark>	ent			
Please provide as much information as possibl	e below.	Your cou	unty appi	raiser will ı	make the	final det	erminati	on.
Proof of Residence	Applicant		Co-applicant/Spouse					
Name								
Phone								
Social Security Number								
Marital Status (circle one)	Single	Married	Divorced	Widowed	Single	Married	Divorced	Widowed
Date of Birth								
Date you became a permanent resident of Florida								
Date of occupancy								
Florida driver's license number / issue date								
Florida vehicle tag number								
Florida voters registration number (if US citizen)								
Immigration number (if not US citizen)								
Declaration of Domicile (enter residency date)								
Current Employer								
Address listed on your last tax return								
Do you own property contiguous to this parcel?		Yes	No		•	Yes	No	
Is any portion of the property leased or rented?		Yes	No		,	Yes	No	
School location of dependent children								
Bank statement and account mailing address								
Proof of utilities at homestead address		Yes	No			Yes	No	
Address of each owner not residing on the property								
Previous Address:								
Status: (circle one) Rental Sold Still Own	Other				If sold d	late:		
Did any applicant receive or file for exemptions	last yea	r in Flori	da?	Yes No	lf so, w	hich cou	unty?	
Did any applicant claim residency in another sta	ate?	Yes	No	If so, whic	ch state?			

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, F.S.)

I understand that under section 196.131(2), Florida Statutes, 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, 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.

	Date		Date
Signature of applicant	Signature of co-applicant		
	Date		Date
Signature, property appraiser or deputy		Entered by	

## In addition to homestead exemption, I am applying for the following benefits. See Page 3 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
- 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 received the same exemption on another parcel. Enter previous parcel information.

Previous Address Previous County Previous Parcel Number

- □ Surviving spouse of veteran who died while on active duty
- □ 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
- Other, specify: \_\_\_\_\_

**NOTE:** 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.

#### 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% interest each year, see section 196.011(9)(a), F.S. For special requirements for estates probated or administered outside Florida, see section 196.161(1), F.S.

### Contact your local property appraiser if you have questions about your exemptions.

123 West Indiana Ave, Room 102 DeLand FL 32720-4270 DeLand (386) 736-5901 – Holly Hill (386) 254-4601 – New Smyrna Beach (386) 423-3315 – Orange City (386) 775-5257

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 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.

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.

Ad	ded Benefits A	Available for Qualified Hor	nestead Properties		
	Amount	Qualifications	Forms and Documents*	Statute	
Exemptions					
	Determined by local ordinance	Local ordinance, limited income	Proof of age DR-501SC, household income	196.075	
Local option, age 65 and older	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	
Veteran's and First Responder	s Exemptions a	nd Discount			
Disabled veteran discount, age 65 and older which carries over to the surviving spouse	% of disability	Combat-related disability	Proof of age, DR501-DV Proof of disability, DVA*, or US government	196.082	
Veteran, disabled 10% or more 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 first responder who died in the line of duty or veteran who died while on active duty	All taxes	Surviving spouse	Letter attesting to the first responder's death in the line of duty or letter attesting to the veterans 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	

# 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 at <u>vcpa.vcgov.org</u> or the Department of Revenue's website at <u>floridarevenue.com/property/forms</u>.

<u>Form</u>	Form Title
DR-416	Physician's Certification of Total and Permanent Disability
DR-416B	Optometrist's Certification of Total and Permanent Disability
DR-501A	Statement of Gross Income
DR-501DV	Application and Return for Homestead Tax Discount, Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse
DR-501SC	Adjusted Gross Household Income, Sworn Statement and Return