This application must be completed at the office of the Property Appraiser.

FLORIDA DEPARTMENT OF REVENUE

Original Application for Ad Valorem Tax Exemption

DR 501
R. 12/08
fillable

_____ County, Florida _____ Tax Year

○ New ○ Change ○ Additional

Property Identification Number _____

Applicant / Co-applicant Name and Address:

Legal Description:

Applicant Social Security: _____

Co-Applicant Social Security: _____

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

Marital Status: ○ Single ○ Married ○ Divorced ○ Widow ○ Widower

Did you file tax exemptions last year? ○ Yes ○ No

Where? _____

If no, your last year's address:

Permanent Florida residency required as of January 1

- ☐ **Homestead exemption up to $50,000***
- ☐ $500 Widow's exemption
- ☐ $500 Widower's exemption
- ☐ $500 Disability exemption
- ☐ $500 Blind persons exemption
- ☐ $5000 Disabled Veteran
- ☐ **Total and permanent disability exemption-Quadriplegics****
- ☐ Service connected total and permanent disability exemption**
- ☐ Exemption for disabled veterans confined to wheelchairs**
- ☐ Total and permanent disability exemption**

* To apply for an additional homestead exemption enacted by local ordinance for persons age 65 and older you must file form DR-501SC. You must either receive, or apply for, the regular homestead to get this additional homestead exemption. If you have already received regular homestead exemption, you do not need to file another Form DR-501.
** Documentation required

Ownership information

Percent of ownership: _____ Type of deed: _____
Recorded: Book: _____ Page: _____
Date Recorded: _____ Date of Deed: _____

Proof of residence for all owners	Owner	Spouse	Other owner
Address of each owner not residing on property			
Date you last became a permanent resident of Florida			
Date of occupancy			
Florida driver license number	Date:	Date:	Date:
Florida vehicle tag number			
Florida voter registration number (if U.S. citizen)	Date:	Date:	Date:
Immigration number (alien card — if not a U.S. citizen)	Date:	Date:	Date:
Declaration of domicile	Res Date	Res Date	Res Date
Date of birth	Month Day Year	Month Day Year	Month Day Year
Current employer			
Address listed on your last IRS return			

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 am a permanent resident of the State of Florida and I own and occupy the property above. I understand that under section 196.131(2), Florida Statutes, any person who knowingly 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. Under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

NOTE: If all information is not received by March 1st, your application will be processed for whatever exemptions you qualify for on that date.

_____ Signature of applicant

_____ Signature of co-applicant

_____ Signature of Deputy

_____ Date

_____ Phone Number

_____ Entered by

SAMPLE