Florida Department of Revenue

Original Application for Ad Valorem Tax Exemption

DR 501
R. 12/99

Tax Year_____

New ☐ Change ☐ Additional ☐

Property identification number: _____

Applicant/Co-applicant Name and Address:

_____
_____
_____
_____
_____

Legal Description:

_____
_____
_____
_____
_____

Applicant Social Security No.: _____

Co-Applicant Social Security No: _____

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

Marital status: ☐ Single ☐ Married ☐ Widow ☐ Divorced ☐ 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

$25,000 Homestead exemption*(see additional information)	☐
$500 Widow's exemption	☐
$500 Widower's exemption	☐
$500 Disability exemption	☐
$500 Blind persons exemption	☐
Total and permanent disability exemption-Quadriplegics (Documentation required)	☐
Service connected total and permanent disability exemption (Documentation required)	☐
Exemption for disabled veterans confined to wheelchairs (Documentation required)	☐
Total and permanent disability exemption (Documentation required)	☐

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

Ownership information

Percent of ownership_____ Type of deed _____

Recorded: Book _____ Page _____

Date recorded_____ Date of deed_____

Proof of residences for all owners	Owners	Spouse	Other owner
Give 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			
Current employer			
Address listed on your last IRS return			

I hereby authorize this agency to obtain information necessary to determine my eligibility for the exemption(s) applied for. **NOTE: If all information is not received by March 1st, your application will be processed for whatever exemption you qualify for at that date.**

I hereby make application for the exemptions indicated and affirm that I do qualify for same under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property described above. I understand that section 196.131(2) Florida Statutes, provides that any person who knowingly and willfully gives false information for the purpose of claiming homestead exemption is guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding $5,000 or both. Further, under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

_____
Signature of co-applicant

_____
Signature of co-applicant

_____
Date

_____
Phone number

For Official Use Only

_____
Signature of deputy

_____
Entered by