

Florida Department of Revenue  
**Original Application for Ad Valorem Tax Exemption**

**DR 501  
R. 12/99**

Tax Year \_\_\_\_\_

New \_\_\_\_\_ Change \_\_\_\_\_ Additional \_\_\_\_\_  
 Applicant/Co-applicant Name and Address:

Property identification number: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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 Statutes. 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 \_\_\_\_\_

<b>Permanent Florida residency required as of January 1</b>	
\$25,000 Homestead exemption*(see additional information)	<input type="checkbox"/>
\$500 Widow's exemption	<input type="checkbox"/>
\$500 Widower's exemption	<input type="checkbox"/>
\$500 Disability exemption	<input type="checkbox"/>
\$500 Blind persons exemption	<input type="checkbox"/>
Total and permanent disability exemption-Quadriplegics (Documentation required)	<input type="checkbox"/>
Service connected total and permanent disability exemption (Documentation required)	<input type="checkbox"/>
Exemption for disabled veterans confined to wheelchairs (Documentation required)	<input type="checkbox"/>
Total and permanent disability exemption (Documentation required)	<input type="checkbox"/>
*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.	

<b>Ownership information</b>	
Percent of ownership _____	Type of deed _____
Recorded: Book _____	Page _____
Date recorded _____	Date of deed _____

<b>Proof of residences for all owners</b>
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
Florida vehicle tag number
Florida voter registration number (if U.S. citizen)
Immigration number (Alien Card-if not a U.S. citizen)
Declaration of domicile
Date of birth
Current employer
Address listed on your last IRS return

<b>Owners</b>	<b>Spouse</b>	<b>Other owner</b>
(Date)	(Date)	(Date)
(Date)	(Date)	(Date)
(Date)	(Date)	(Date)
Res. date	Res. date	Res. date

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 1<sup>st</sup>, 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  
 \_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of co-applicant  
 \_\_\_\_\_  
 Phone number

For Official Use Only
_____ Signature of deputy
_____ Entered by