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

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

Property Identification Number _____ **Alternate Key** _____ **Tax Year**_____

I am applying for homestead exemption ☐ New ☐ Changed	Do any exemptions apply to you on page 2? ☐ Yes ☐ No
Homestead address	**Mailing address, if different**

Please provide as much information as possible below. Your county appraiser will make the final determination.

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 date:

Did any applicant receive or file for exemptions last year in Florida? ☐ Yes ☐ No If so, which county?

Did any applicant claim residency in another state? ☐ Yes ☐ No If so, which 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

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.

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
Veteran's 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, 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

*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 at vcpa.vcgov.org or the Department of Revenue's website at floridarevenue.com/property/forms.

Form	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