



2025
Limited Income Senior Exemption Application
for Persons Age 65 and Older

CSC_06
R: 01/16/2025
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TAX ACCOUNT: _____

PARCEL IDENTIFICATION: _____

TWP	RNG	SEC	SUB	BLOCK	LOT
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SECTION 1 APPLICANT NAME AND MAILING ADDRESS:

SECTION 2 PROPERTY ADDRESS:

SECTION 3 HOUSEHOLD MEMBERS	A	B	C	D
Print name(s) in blanks below	Marital Status	Do you file a Federal Income Tax return?	Date of Birth (Proof Required)	Social Security Number
			MM DD YYYY	
Applicant 1 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div>	<div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>
Applicant 2 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div>	<div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>
Applicant 3 <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO	<div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 40px; height: 20px;"></div></div>	<div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>

SECTION 4 TOTAL HOUSEHOLD INCOME Complete this box by combining income for ALL persons residing in the household excluding boarders and renters

Earned income \$ _____	Income from retirement plans \$ _____
Taxable investment income \$ _____	Income from pensions \$ _____
Interest income \$ _____	Income from trust funds \$ _____
Rents \$ _____	Capital gains (losses) \$ _____
Royalties \$ _____	Taxable Veteran's Admin. benefits \$ _____
Dividends \$ _____	Other (specify) \$ _____
Annuities \$ _____	\$ _____
Social Security Benefits \$ _____	TOTAL ANNUAL ADJUSTED INCOME \$ _____

• For each household member who checked YES in Section 3B, submit a copy of the 2024 IRS 1040 and ALL 1099 forms by May 1, 2025.
• For each household member who checked NO in Section 3B, submit copies of ALL 1099 forms by May 1, 2025.

SECTION 5 AFFIRMATION

I hereby certify that I am at least 65 years of age as of the year for which this exemption is applied and the total prior year's adjusted gross income of all persons residing, excluding renters and boarders, on the property as of January 1st does not exceed statutory limitations. 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 any 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 penalty of perjury, I declare that I have read the foregoing sworn statement of household income and that the facts in it are true and correct.

_____ Applicant 1 (_____) _____ - _____ Daytime Phone	_____ Applicant 2 _____	_____ Applicant 3 _____
		_____ Date
		DEPUTY <input type="checkbox"/>

Requirements to Qualify for the Limited Income Senior Exemption

- Must have a current and valid homestead exemption.
- Must be 65 years of age or older by January 1 of the application year.
- Household adjusted gross income for all persons residing in the household must not exceed statutory requirements. This amount is adjusted annually by the Florida Department of Revenue pursuant to the Consumer Price Index. NOTE: The maximum allowable household adjusted gross income amount received in 2024 is \$37,694.
- Must file an application with the Property Appraiser on or before March 1.

Definitions: Section 196.075, Florida Statutes

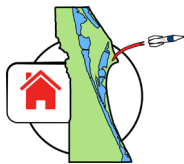
As used on this application the terms:

- a. "Household" means a person or group of persons living together in a room or group of rooms as a housing unit. The term does not include persons boarding or renting a portion of the dwelling.
- b. "Household income" means the adjusted gross income, as defined in Section 62 of the United States Internal Revenue Code, of all members of a household. This is the amount reported on IRS Form 1040, Form 1040A or Form 1040EZ.

APPLICATION INSTRUCTIONS

Please print all information clearly

- SECTION 1** The applicant/owner's name and mailing address should be printed in this section. Be sure to include your city and zip code.
- SECTION 2** Print your property's complete street address, including city and zip code here. If this is the same as the mailing address printed in Section 1, you do not need to complete this section.
- SECTION 3** Print the applicant's name as well as the name of each person that lives on the property. DO NOT include renters or boarders. If more than 3 persons reside on the property, complete and attach an additional sheet listing each.
- SECTION 3A** Each household member must indicate their marital status. (M = Married; S = Single; D = Divorced; W = Widow or Widower)
- SECTION 3B** Each household member must indicate if they file a Federal income tax return by checking either the YES or NO box.
- SECTION 3C** Fill in each household member's date of birth using month (1 through 12) , day and year in the boxes provided. Proof of age is required (types of proof include, but are not limited to, driver's license, Florida identification card, military identification card, birth certificate or certification).
- SECTION 3D** Fill in each household member's Social Security Number in the boxes provided.
- SECTION 4** Complete this section by combining annual income figures for all persons residing in the household. This includes income for each person that files a Federal income tax return as well as for each person who is not required to file a tax return.
- If YES is checked in Section 3B for any household member, a true and accurate photocopy of the 2024 Federal tax return together with all supporting 1099 forms or other statements of income must be submitted for each person on or before May 1, 2025.
- If NO is checked in Section 3B for any household member, copies of all 1099 forms and other statements of income they received during the 2024 tax year must be submitted for each person on or before May 1, 2025.
- NOTE: Social Security benefits may not be included in adjusted gross income. Consult the Internal Revenue Service for portions of Social Security income that may be taxable based on current formulas. A copy of the 1099 from social security must be submitted to the office of the Property Appraiser for verification.
- SECTION 5** Carefully read this affirmation. After reviewing and verifying that all the information on the application is correct, SIGN and print your daytime phone number in the space indicated.



Dana Blickley, CFA Brevard County Property Appraiser

Senior Form Mailing Instructions

YOU MUST PROVIDE COPIES OF THE FOLLOWING DOCUMENTATION

- Proof of age
- Proof of your reported household income:
 - If you or a member of your household file a federal income tax return, a copy of the 2024 federal income tax return with all supporting 1099 forms or other annual statements of income (including but not limited to income from Social Security, pensions, disability, stocks, and interest income) must be provided to our office by May 1, 2025.
 - If you or a member of your household do not file a federal income tax return, you must attach all 1099 forms or other annual statement of income from Social Security, pensions, disability, stocks, interest income, etc. that your household received in 2024. All statements of income must be provided to our office by May 1, 2025.

*Under Florida law, failure to file limited income senior exemption by **March 1, 2025** constitutes a waiver of the exemption privilege for the year.*

Please complete, sign, date, and provide copies of requested documentation on your Limited Income Senior Exemption Application, and mail to:

Dana Blickley, CFA
Brevard County Property Appraiser
P.O. Box 429
Titusville, FL 32781-0429

**IT IS HIGHLY RECOMMENDED THAT YOU MAIL THE APPLICATION
CERTIFIED WITH A RETURN RECEIPT FROM THE POST OFFICE**