



INDIVIDUAL AFFIDAVIT FOR AD VALOREM TAX EXEMPTION

HOMES FOR THE AGED

Section 196.1975, Florida Statutes

DR-504S
R. 11/12
Rule 12D-16.002
Florida Administrative Code
Effective 11/12

PART A. Completed by each resident.

Name _____		Spouse's name _____					
Tax Year 20____	Building name _____	Apt. # _____	Resident		Spouse		
			Yes	No	Yes	No	
1. Did you live in the unit on January 1 of the tax year and consider it your permanent home?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you claimed homestead exemption on any other property for the current year?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Were you at least 62 years old on January 1 of this year?			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are you totally and permanently disabled? If yes, attach documentation of your disability.			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PART B. Completed by residents who wish to claim the low-income exemption (s. 196.1975(4), F.S.) and whose incomes are at or below the [income limit](#). Couples should include the incomes of both persons.

5. Are you a totally and permanently disabled veteran as defined in s. 196.081, F.S.? If yes, do not include your income below.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you survive a spouse you lived with at his or her death and who would have answered yes to question 1 and also to 3 or 4? If yes, include the incomes of both persons.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gross Income

Earned income		Rents	
Income from investments		Dividends	
Social Security benefits		Annuities	
Income from retirement plans		Trusts	
Pensions		Estates	
Interest		Inheritances	
Royalties		Direct and indirect gifts	
Gains from disposition of appreciated property		Other: _____	
TOTAL GROSS INCOME			

PART C. Completed by each resident.

The above is true and correct.

_____ Resident	_____ Date	_____ Spouse	_____ Date
State of Florida, County of _____ This statement was sworn and subscribed before me this date, _____ by _____ who is personally known to me or who has produced _____ as type of identification.		State of Florida, County of _____ This statement was sworn and subscribed before me this date, _____ by _____ who is personally known to me or who has produced _____ as type of identification.	

Notary Public Signature and Seal

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