INDIVIDUAL AFFIDAVIT FOR AD VALOREM TAX EXEMPTION
HOMES FOR THE AGED
Section 196.1975, Florida Statutes

PART A. Completed by each resident

Name ___________________________ Spouse’s name ___________________________
Building name ___________________________ Apt. number ___________________________

Tax Year 20__

1. Did you live in the unit on January 1 of the tax year and consider it your permanent home? Yes No
2. Were you at least 62 years old on January 1 of this year? Yes No
3. Are you totally and permanently disabled? Yes No
   If yes, are you a veteran? Yes No
   Documentation of total and permanent disability must be attached to this affidavit.
4. Has the resident of the unit claimed homestead exemption on any other property for the current year? Yes No
5. Do you wish to claim low-income exemption under s. 196.1975(4), F.S.? Yes No
   If yes, complete Part B below.

PART B. Gross Income. Completed by residents whose incomes are at or below the maximum income limit adjusted each year by the change in the cost of living. See requirements in s. 196.1975(4), F.S.
(Part B is not required for totally and permanently disabled veterans as defined in s. 196.081, F.S.)

<table>
<thead>
<tr>
<th>Earned Income</th>
<th>Rents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Income from investments</td>
<td>Dividends</td>
</tr>
<tr>
<td>Social Security Benefits</td>
<td>Annuities</td>
</tr>
<tr>
<td>Income from Retirement Plans</td>
<td>Trusts</td>
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<tr>
<td>Pensions</td>
<td>Estates</td>
</tr>
<tr>
<td>Interest</td>
<td>Inheritances</td>
</tr>
<tr>
<td>Royalties</td>
<td>Direct and indirect gifts</td>
</tr>
<tr>
<td>Gains derived from the disposition of</td>
<td>Other, specify ________________</td>
</tr>
<tr>
<td>appreciated property</td>
<td></td>
</tr>
</tbody>
</table>

TOTAL GROSS INCOME

PART C. Completed by each resident

I swear that the above is true and correct.

_________________________             ___________________________             __________
Resident                      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.

_________________________
Notary Public Signature and Seal