

# PEDRO J. GARCIA PROPERTY APPRAISER

# **EXTENUATING CIRCUMSTANCES FOR LATE-FILED EXEMPTION APPLICATION**

Parcel Number: \_\_\_\_\_

Property Address: \_\_\_\_\_

Name:

For the reason(s) listed below, I did not file my application for exemption by March 1st as required by Section 196.011, Florida Statutes [if March 1st is on a Saturday, Sunday, or legal holiday then the deadline is the next business day. Ref Florida Department of Revenue rule 12D-7.001(2)] I understand that the Miami-Dade County Property Appraiser will process my late application once I have supplied them with all required documentation in order to complete my exemption application, provided the Property Appraiser finds sufficient evidence demonstrating I was unable to apply for the exemption in a timely manner or otherwise finds the circumstances set forth below to be extenuating. If for any reason I do not provide the Property Appraiser with extenuating circumstances or the required documentation on or before the 25<sup>th</sup> day of the mailing of the Notice of Proposed Property Taxes, I understand my application will be considered next year with no further notification being sent to me.

For the reason(s) listed below, I did not file my application for \_\_\_\_\_\_ exemption by March 1<sup>st</sup> as required by Section 196.011, Florida Statutes:

I hereby solemnly swear or affirm under penalty of law that the reasons and matters set forth as "particular extenuating circumstances" are true in all respects.

Signature of applicant: \_\_\_\_\_\_\_
Date: \_\_\_\_\_

Initials of PA representative:



# ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS

Permanent Florida residency required on January 1. Application due to property appraiser by March 1.

County Tax Y				ar		
I am applying for homestead exemption						
Do you claim residency in another county or state? Applicant? Yes No Co-applicant? Yes				] Yes 🗌 No		
		Applicant			Co-applicant/Spou	se
Name						
*Social Security #						
Immigration #						
Date of birth						
% of ownership						
Date of permanent residency						
Marital status	Single	Married Divorced	Widowed			
Homestead address				Mailing address, if different		
Parcel identification	number or le	gal description		Applicant Phone Co-applicant Phone		
Type of deed	[	Date of deed				
Recorded: Book	Page _	Date or In	strument i	number		
Did any applicant re	ceive or file fo	or exemptions last year	? 🗌 Ye	es 🗌 No		
Previous address:						
Please provide as m	uch informat	on as possible. Your co	ounty prop	erty appra	iser will make the final o	determination.
Proof of Residence		Applicant			Co-applicant/S	pouse
Previous residency outside Florida and date terminated		date			date	)
FL driver license or ID card number		date			date	)
Evidence of relinquishing driver license from other state						
Florida vehicle tag number						
Florida voter registration number (if US citizen)		date			date	e
Declaration of domicile, enter date		date			date	e
Current employer						
Address on your last IRS return						
School location of dependent children						
Bank statement and checking account mailing address						
Proof of payment of utilities at homestead address		🗌 Yes 🗌 No		[	🗆 Yes 🗌 No	
Name and address of any owners not residing on the property						

\*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.

In addition to homestead exemption, I am applying for the following benefits. See page 4 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
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
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 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 provide proof of the disability as of January 1 of that tax year*. If you received the same exemption on another parcel in the previous year, enter the previous parcel information in the space provided.
Parcel number County
Surviving spouse of veteran who died while on active duty. Applicants for this exemption 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 provide an official letter*. If you received the same exemption on another parcel in the previous year, enter the previous parcel information in the space provided.
Parcel numberCounty
Other, specify:

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, Florida Statutes.)

I understand that under section 196.131(2), F.S., 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 one 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.

Signature, applicant	Date	Signature, co-applicant	Date

Contact your local property appraiser if you have questions about your exemption. *File the signed application for exemption with the county property appraiser.* 

Signature, property appraiser or deputy	Date	Entered by	Date

### 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 percent interest each year (see s. 196.011(9)(a), F.S.). For special requirements for estates probated or administered outside Florida, see s. 196.161(1), F.S.

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 the bottom of 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.

File the signed application for exemption with the county property appraiser.

#### 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.

	Amount	Qualifications	Forms and Documents*	Statute	
Exemptions	/ incuri	Quantoationo	i official population	otatute	
•	Determined by local ordinance	Local ordinance, limited income	Proof of age DR-501SC, household income	196.075	
Local option, age 65 and older	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	
Veterans and First Responde	ers Exemptions ar	nd Discount			
Disabled veteran discount, age 65 and older which carries over to the surviving spouse	% of disability	Combat-related disability	Proof of age, DR-501DV Proof of disability, DVA*, or US government	196.082	
Veteran, disabled 10% or more by misfortune or 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 veteran who died while on active duty	All taxes	Surviving spouse	US Government or DVA letter attesting to the veteran's 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	
Surviving spouse of first responder who died in the line of duty	All taxes	Surviving spouse	Letter attesting to the first responder's death in the line of duty	196.081	

### 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 on your county property appraiser's website or the Department of Revenue's website at <u>floridarevenue.com/property/forms</u>

<u>Form</u>	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