



# ORIGINAL APPLICATION FOR ASSESSMENT REDUCTION FOR LIVING QUARTERS OF PARENTS OR GRANDPARENTS

DR-501PGP  
R. 11/12  
Rule 12D-16.002  
Florida Administrative Code  
Effective 11/12

Section 193.703, Florida Statutes

New    Change    Addition

Due to the property appraiser by **March 1**.

County		Parcel ID		Tax year 20	
Applicant		Co-applicant			
Address		Legal description			
Describe the construction or reconstruction for the living quarters					
Completion date of living quarters			Did you get a building permit? <input type="checkbox"/> yes <input type="checkbox"/> no		

Parents or Grandparents Living on the Property		(At least one must be age 62 or over)
Name		
Marital status		<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced
Age 62 or older?		<input type="checkbox"/> yes <input type="checkbox"/> no   If yes, date of birth _____
Relationship to owner		Proof of age
Address last year		
Did this person file tax exemptions last year?		<input type="checkbox"/> yes <input type="checkbox"/> no

Proof of Residence	Parent/grandparent 1	Parent/grandparent 2
Last became a permanent resident of Florida	Date	Date
Occupied applicant's homestead on	Date	Date
Florida driver license number	#	#
Florida vehicle tag number	#	#
Florida voter registration number, if US citizen	#	#
Declaration of Domicile residency date	Date	Date
Current employer		
Address on last IRS return		
Addresses of parents/ grandparents not residing on the property		

Any person who makes a willfully false statement in this application will have the reduction revoked, be subject to a penalty of up to \$1,000, and be disqualified from receiving this reduction for 5 years. (s. 193.703, F.S.)

I authorize the property appraiser to obtain information to determine my eligibility for this assessment reduction. I certify that each parent or grandparent above resided primarily on the property on January 1 and does not claim homestead exemption in Florida or residence-based exemption or tax benefit in another state. I am a permanent resident of the State of Florida. I own and occupy the property. I certify that I have read this application and the facts in it are true.

Signature, applicant	Date	Signature, qualifying parent/grandparent 1	Date
Signature, co-applicant	Date	Signature, qualifying parent/grandparent 2	Date