



INDIVIDUAL AFFIDAVIT FOR AD VALOREM TAX EXEMPTION

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

HOMES FOR THE AGED

Section 196.1975, Florida Statutes

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"/>		

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	_____ Spouse
_____ Date	_____ 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

Notary Public Signature and Seal