



**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: \_\_\_\_\_



# STATEMENT OF GROSS INCOME

DR-501A  
R. 12/20  
Rule 12D-16.002  
F.A.C.  
Effective 12/20

Section 196.101(4)(c), Florida Statutes

Date \_\_\_\_\_

Applicants for the Exemption for Totally and Permanently Disabled Persons, Section 196.101, F.S., must complete, sign, and attach this statement to the exemption application, Form DR-501.

Applicant name		Address of homestead	
Parcel ID			
Name of all other persons living at the homestead			
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Gross Income: Include the incomes of all persons above. Attach last year's Federal Income Tax Returns and Wage and Income Statements (W-2) for all persons above.

HOUSEHOLD GROSS INCOME FOR THE YEAR 20__			
Earned income		Social security benefits	
Income from investments		Veterans Administration benefits	
Gains from disposition of appreciated property		Income from retirement plans	
		Pensions	
Interest		Trusts	
Rents		Estates	
Royalties		Inheritances	
Dividends		Direct and indirect gifts	
Annuities		Other, specify:	
<b>TOTAL GROSS INCOME</b>			

Under penalties of perjury, I declare that I have read this Statement of Gross Income, including the attached documents, and that the facts stated in it are true.

\_\_\_\_\_  
Signature, applicant

Add pages, if needed.