



# INDIVIDUAL AFFIDAVIT FOR AD VALOREM TAX EXEMPTION

## HOMES FOR THE AGED

Section 196.1975, Florida Statutes

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

### PART A. Completed by each resident.

Name _____	Spouse's name _____						
Tax Year 20 ____	Building name _____	Apt. # _____	Resident		Spouse		
			Ye s	N o	Ye s	No	
1. Did you live in the unit on January 1 of the tax year and consider it your permanent home?							
2. Have you claimed homestead exemption on any other property for the current year?							
3. Were you at least 62 years old on January 1 of this year?							
4. Are you totally and permanently disabled? If yes, attach documentation of your disability.							

### 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.				
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.				

### 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: _____	
<b>TOTAL GROSS INCOME</b>			

### PART C. Completed by each resident.

The above is true and correct.

\_\_\_\_\_

Resident

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

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