

Florida Department of Revenue  
**Original Application for Ad Valorem Tax Exemption**

**DR 501  
R. 12/99**

**Madison County, Florida**

New \_\_\_\_\_ Change \_\_\_\_\_ Additional \_\_\_\_\_  
 Applicant/Co-applicant Name and Address:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Legal Description:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Applicant Social Security No.:** \_\_\_\_\_  
**Co-Applicant Social Security No.:** \_\_\_\_\_

**NOTE:** Disclosure of your social security number is mandatory. It is required by section 196.011 (1), Florida Statutes. The social security number will be used to verify taxpayer identity information, homestead exemption information submitted to property appraisers, and intangible tax information submitted to the Department of Revenue.

Marital status:             Single             Married  
                                   Widow             Divorced             Widower

Did you file tax exemptions last year?  Yes             No

Where: \_\_\_\_\_  
 If no, your last year's address

Tax Year \_\_\_\_\_

Property identification number: \_\_\_\_\_

**Permanent Florida residency required  
as of January 1**

- \$25,000 Homestead exemption\*(see additional information)
- \$500 Widow's exemption
- \$500 Widower's exemption
- \$500 Disability exemption
- \$500 Blind persons exemption
- Total and permanent disability exemption-Quadriplegics   
(Documentation required)
- Service connected total and permanent disability exemption   
(Documentation required)
- Exemption for disabled veterans confined to wheelchairs   
(Documentation required)
- Total and permanent disability exemption   
(Documentation required)

\*If you wish to apply for an additional homestead exemption enacted by local ordinance for persons age 65 and older you must file form DR-501SC. However, you must either receive, or apply for, the regular homestead to get the 65 and older additional homestead exemption. If you have already received regular homestead exemption, you do not need to file another form DR-501.

**Ownership information**

Percent of ownership \_\_\_\_\_ Type of deed \_\_\_\_\_  
 Recorded: Book \_\_\_\_\_ Page \_\_\_\_\_  
 Date recorded \_\_\_\_\_ Date of deed \_\_\_\_\_

**Proof of residences for all owners**

Give address of each owner not residing on property  
 Date you last became a permanent Resident of Florida  
 Date of occupancy  
 Florida driver license number  
 Florida vehicle tag number  
 Florida voter registration number (if U.S. citizen)  
 Immigration number (Alien Card-if not a U.S. citizen)  
 Declaration of domicile  
 Date of birth  
 Current employer  
 Address listed on your last IRS return

Owners	Spouse	Other owner
(Date)	(Date)	(Date)
(Date)	(Date)	(Date)
(Date)	(Date)	(Date)
Res. date	Res. date	Res. date

I hereby authorize this agency to obtain information necessary to determine my eligibility for the exemption(s) applied for. **NOTE: If all information is not received by March 1<sup>st</sup>, your application will be processed for whatever exemption you qualify for at that date.**

I hereby make application for the exemptions indicated and affirm that I do qualify for same under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property described above. I understand that section 196.131(2) Florida Statutes, provides that any person who knowingly and willfully gives false information for the purpose of claiming homestead exemption is guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both. Further, under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

\_\_\_\_\_  
 Signature of co-applicant

\_\_\_\_\_  
 Signature of co-applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Phone number

For Official Use Only

\_\_\_\_\_  
 Signature of deputy  
 \_\_\_\_\_  
 Entered by