



# INDIVIDUAL AFFIDAVIT FOR AD VALOREM TAX EXEMPTION HOMES FOR THE AGED

DR-504S  
R. 1/12  
Rule 12D-16.002  
Florida Administrative Code

Section 196.1975, Florida Statutes

**PART A. Completed by each resident**

Name \_\_\_\_\_ Spouse's name \_\_\_\_\_  
 Building name \_\_\_\_\_ Apt. number \_\_\_\_\_

Tax Year 20__	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 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"/>
3 Are you totally and permanently disabled? If yes, are you a veteran? <small>Documentation of total and permanent disability must be attached to this affidavit.</small>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Has the resident of the unit claimed homestead exemption on any other property for the current year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Do you wish to claim low-income exemption under s. 196.1975(4), F.S.? If yes, complete Part B below.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PART B. Gross Income. Completed by residents whose incomes are at or below the maximum [income limit](#) adjusted each year by the change in the cost of living. See requirements in s. 196.1975 (4) F.S. (Part B is not required for totally and permanently disabled veterans as defined in s. 196.081, F.S.)**

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 derived from the disposition of appreciated property	Other, specify _____	
<b>TOTAL GROSS INCOME</b>		

**PART C. Completed by each resident**

I swear that the above is true and correct.

\_\_\_\_\_  
Resident
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