

**ORIGINAL APPLICATION FOR AD VALOREM TAX EXEMPTIONS
MADISON COUNTY, FLORIDA**

MC-501
R 02/21

Permanent Florida residency required as of January 1st
Application Due to Property Appraiser by March 1st

Parcel:
Owner and mailing address

Tax Year:
Type: New Change Additional
Legal Description

Situs Address:
Email Address:

Improvement Type: _____, # of units: _____
Any portion leased or rented? _____

<p>Note: Disclosure of your social security number is mandatory. It is required by Section 196.011(1) Florida Statutes. The number will be used to verify taxpayer identity information and homestead exemption information submitted to property appraisers.</p>	<p align="center">Ownership Information</p> <table style="width:100%; border: none;"> <tr> <td style="border: none;">Percent Ownership</td> <td style="border: none;">Type of Deed</td> </tr> <tr> <td style="border: none;">Date of Deed</td> <td style="border: none;">Instrument #</td> </tr> <tr> <td style="border: none;">Date Recorded</td> <td style="border: none;">Book/Page</td> </tr> <tr> <td style="border: none;">Type of Ownership</td> <td style="border: none;"></td> </tr> </table>	Percent Ownership	Type of Deed	Date of Deed	Instrument #	Date Recorded	Book/Page	Type of Ownership														
Percent Ownership	Type of Deed																					
Date of Deed	Instrument #																					
Date Recorded	Book/Page																					
Type of Ownership																						
<table style="width:100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Homestead \$25,000 - \$50,000</td> <td style="border: none;"><input type="checkbox"/> \$5,000 Veteran Disabled 10% or more</td> <td style="border: none;"><input type="checkbox"/> Disabled Vet Discount, 65 or older which carries over to surv spouse</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$500 Widow/Widower</td> <td style="border: none;"><input type="checkbox"/> Total/Permanent Disability (Income Limits)</td> <td style="border: none;"><input type="checkbox"/> Tot/Permanent Disability-1st Responder</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$500 Disability</td> <td style="border: none;"><input type="checkbox"/> Total/Permanent Disability-Quadriplegics</td> <td style="border: none;"><input type="checkbox"/> Total/Perm S/C Veteran Disability or Surv Spouse</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Disabled Vet / Wheelchair</td> <td style="border: none;"><input type="checkbox"/> Seniors 65+ (Income Limits)</td> <td style="border: none;">Previous</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> \$500 Blind Persons</td> <td style="border: none;"><input type="checkbox"/> Surv Spouse of 1st Responder</td> <td style="border: none;">Address:</td> </tr> <tr> <td colspan="2"></td> <td style="border: none;">Prev County:</td> </tr> <tr> <td colspan="2"></td> <td style="border: none;">Prev Parcel:</td> </tr> </table>		<input type="checkbox"/> Homestead \$25,000 - \$50,000	<input type="checkbox"/> \$5,000 Veteran Disabled 10% or more	<input type="checkbox"/> Disabled Vet Discount, 65 or older which carries over to surv spouse	<input type="checkbox"/> \$500 Widow/Widower	<input type="checkbox"/> Total/Permanent Disability (Income Limits)	<input type="checkbox"/> Tot/Permanent Disability-1st Responder	<input type="checkbox"/> \$500 Disability	<input type="checkbox"/> Total/Permanent Disability-Quadriplegics	<input type="checkbox"/> Total/Perm S/C Veteran Disability or Surv Spouse	<input type="checkbox"/> Disabled Vet / Wheelchair	<input type="checkbox"/> Seniors 65+ (Income Limits)	Previous	<input type="checkbox"/> \$500 Blind Persons	<input type="checkbox"/> Surv Spouse of 1st Responder	Address:			Prev County:			Prev Parcel:
<input type="checkbox"/> Homestead \$25,000 - \$50,000	<input type="checkbox"/> \$5,000 Veteran Disabled 10% or more	<input type="checkbox"/> Disabled Vet Discount, 65 or older which carries over to surv spouse																				
<input type="checkbox"/> \$500 Widow/Widower	<input type="checkbox"/> Total/Permanent Disability (Income Limits)	<input type="checkbox"/> Tot/Permanent Disability-1st Responder																				
<input type="checkbox"/> \$500 Disability	<input type="checkbox"/> Total/Permanent Disability-Quadriplegics	<input type="checkbox"/> Total/Perm S/C Veteran Disability or Surv Spouse																				
<input type="checkbox"/> Disabled Vet / Wheelchair	<input type="checkbox"/> Seniors 65+ (Income Limits)	Previous																				
<input type="checkbox"/> \$500 Blind Persons	<input type="checkbox"/> Surv Spouse of 1st Responder	Address:																				
		Prev County:																				
		Prev Parcel:																				
<p>Have you ever received the benefit of Homestead Exemption in Florida? ____ If so, When? _____ Address where previous Homestead was claimed (Including County) _____</p>																						

	PROOF OF RESIDENCE	NAME:	NAME:	NAME:
1	Marital Status			
2	Social Security Number			
3	Home/Work Phone			
4	Previous address of each applicant			
5	Current Employer			
6	FL Residency Date/Occupancy Date	/	/	/
7	Do you claim homestead or receive a property tax benefit in another state? If yes, Where?			
8	Evidence of relinquishing DL from another State	_Yes _No	_Yes _No	_Yes _No
9	Florida Driver License/Issue Date			
10	Florida Vehicle Tag #			
11	Date of Birth			
12	Place of Birth/U.S. citizen	_Yes _No	_Yes _No	_Yes _No
13	Immigration Card if not U.S. citizen			
14	Voter Registration #/Date			
15	School location of dependents			
16	Proof of Utility Payment	_Yes _No	_Yes _No	_Yes _No
17	Bank Statement/Checking account mailing address			
18	Address listed on your last IRS return			
19	Physical address of each owner			
20	Do you or your spouse own additional residential properties in or out of Florida? (If yes, list all property addresses on attachment)			

I authorize this agency to obtain information to determine my eligibility for the exemptions applied for. I qualify for these exemptions under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property above. I understand that under section 196.131(2), Florida Statutes any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to 1 year, a fine up to \$5,000 or both. Under penalties of perjury, I declare that I have read the forgoing application and the facts in it are true.

Signature, Applicant

Signature, Applicant

Signature, Applicant

Application Date

Signature, Property Appraiser/Deputy

Entered by

Owner: _____

Parcel Number _____

PROPERTY OWNER ACKNOWLEDGEMENT

I understand the application for the tax exemption(s) that I am executing is for the year _____ and subsequent years.

I understand that if I/we use a PO Box address, or any address other than the physical address, now or in the future, I/we will be subject to an annual review by the Property Appraiser’s office to determine my continued homestead exemption eligibility.

I affirm that the real property address for which I am applying for homestead exemption is my **PERMANENT RESIDENCE** and the **ONLY** real estate anywhere on which I (or my spouse) am receiving any type of tax benefit or exemption.

I understand that per Florida Statute 196.061, rental of this property for any length of time will be considered abandonment of the homestead which will result in the removal of the exemption, and all applicable statutory penalties will be applied.

For active duty service member applicants whose employer is listed as any branch of the United States military: I understand that I must reside in the residence until such time as I depart from Madison County on PCA orders.

PENALTIES

The Property Appraiser has a duty to put a tax lien on your property if you received a homestead exemption during the past 10 years that you were not entitled. The Property Appraiser will notify you that taxes with penalties and interest are due. You will have 30 days to pay before a lien is recorded. If this was not an error by the property appraiser, **you will be subject to a penalty of 50 percent of the unpaid taxes and 15% interest each year**, see section 196.011(9)(a), F.S. for special requirements for estates probated or administered outside Florida, see Section 196.161(1), F.S.

The information in this application will be given to the Department of Revenue. Under s.196.121, F.S., the Department and Property Appraisers can give this information to any state where the applicant has resided. Social security numbers will remain confidential under s. 193.114(5), F.S.

Signature: _____ Signature _____

Signature: _____ Date: _____

20. (Continued) Address of additional properties owned in or out of Florida.

