



# 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                   |                          |  |
|   |                     |                     | 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. Have you claimed homestead exemption on any other property for the current year?           |                     |                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 3. 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"/> |  |
| 4. Are you totally and permanently disabled? If yes, attach documentation of your disability. |                     |                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

**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.  |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. |  |  |  |  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |

**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.

|  |               |  |               |
|--|---------------|--|---------------|
| _____<br>Resident  | _____<br>Date | _____<br>Spouse  | _____<br>Date |
| State of Florida, County of _____<br>This statement was sworn and subscribed before me this date,<br>_____ by _____<br>who is personally known to me or who has produced<br>_____ as type of identification. |               | State of Florida, County of _____<br>This statement was sworn and subscribed before me this date,<br>_____ by _____<br>who is personally known to me or who has produced<br>_____ as type of identification. |               |

\_\_\_\_\_  
Notary Public Signature and Seal

\_\_\_\_\_  
Notary Public Signature and Seal