

**ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS**

CNDT 501 R. 07/17

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

Parcel:

Tax Year: **2022**

Owner and mailing address:

Type:                      New                      Change                      Additional

Legal Description:

Situs Address:

Improvement Type:    #of units:

Email Address:

Any Portion leased or rented?

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.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: center;">Ownership Information</th> </tr> <tr> <td style="width:50%;">Percent Ownership</td> <td style="width:50%;">Type of Deed</td> </tr> <tr> <td>Date of Deed</td> <td>Instrument #</td> </tr> <tr> <td>Date Recorded</td> <td>Book/Page</td> </tr> <tr> <td>Type of Ownership</td> <td></td> </tr> </table>	Ownership Information		Percent Ownership	Type of Deed	Date of Deed	Instrument #	Date Recorded	Book/Page	Type of Ownership	
Ownership Information											
Percent Ownership	Type of Deed										
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Type of Ownership											
<input type="checkbox"/> Homestead \$25,000- \$50,000 <input type="checkbox"/> \$500 Widow/Widower <input type="checkbox"/> \$500 Disability <input type="checkbox"/> Disabled Vet/Wheelchair <input type="checkbox"/> Surv Spouse of Veteran	<input type="checkbox"/> \$5,000 Veteran Disabled 10% or more <input type="checkbox"/> Total/Permanent Disability (Income Limits) <input type="checkbox"/> Total/Permanent Disability-Quadriplegics <input type="checkbox"/> Disabled Veteran Discount 65 or older <input type="checkbox"/> Surv Spouse of 1st Responder										
<input type="checkbox"/> \$500 Blind Persons <input type="checkbox"/> Seniors 65+ (Income Limits) <input type="checkbox"/> Total/Permanent S/C Veteran Disability <input type="checkbox"/> Other <input type="checkbox"/> Tot/Permanent Disability-1st Responder											
Have you ever received the benefit of Homestead Exemption in Florida?                      If so, When? Address where previous Homestead was claimed (Including County)											

PROOF OF RESIDENCE			
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 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 dependent children		
16	Declaration of Domicile		
17	Proof of Utility Payment? Bank acct mailing address	Yes    No	Yes    No                      Yes    No
18	Address listed on your last IRS return		
19	Physical address of each owner		
20	List all residential properties you or your spouse own in or out of Florida		

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 own the property above and it is my permanent residence or the permanent residence of my legal or natural dependent(s). (See s. 196.031, F.S.). 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 one year, a fine up to \$5,000, or both. Under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

Signature, Applicant	Signature, Applicant	Signature, Applicant
Application Date	Signature, Property Appraiser/Deputy	Entered by

### 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 Appraisers 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 may 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 **Walton** County on PCS 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 to. 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 percent interest each year (sees. 196.011(9)(a), F.S.). For special requirements for estates probated or administered outside Florida, see s. 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.

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## EXEMPTION AND DISCOUNT REQUIREMENTS

**Homestead** Every person who owns real property in Florida on January 1, makes the property his or her permanent residence or the permanent residence of a legal or natural dependent, and files an application may receive a property tax exemption up to \$50,000. The first \$25,000 applies to all property taxes. The added \$25,000 applies to assessed value over \$50,000 and only to non-school taxes.

Your local property appraiser will determine whether you are eligible. The appraiser may consider information such as the items requested on the bottom of page 1.

**Save our Homes (SOH)** Beginning the year after you receive homestead exemption, the assessment on your home cannot increase by more than the lesser of the change in the Consumer Price Index or 3 percent each year, no matter how much the just value increases. If you have moved from one Florida homestead to another within the last three years, you may be eligible to take some of your SOH savings with you. See your property appraiser for more information.

**This page does not contain all the requirements that determine your eligibility for an exemption.  
Consult your local property appraiser and Chapter 196, Florida Statutes, for details.**

Added Benefits Available for Qualified Homestead Properties				
	Amount	Qualifications	Forms and Documents*	Statute
<b>Exemptions</b>				
Local option, age 65 and older	Determined by local ordinance	Local ordinance, limited income	Proof of age DR-501SC, household income	196.075
	The amount of the assessed value	Local ordinance, just value under \$250,000, permanent residency for 25 years or more.	DR-501SC, household income	
Widowed	\$500		Death certificate of spouse	196.202
Blind	\$500		Florida physician, DVA*, or SSA**	196.202
Totally and Permanently Disabled	\$500	Disabled	Florida physician, DVA*, or SSA**	196.202
	All taxes	Quadriplegic	2 Florida physicians or DVA*	196.101
	All taxes	Hemiplegic, paraplegic, wheelchair required for mobility, or legally blind Limited income	DR-416, DR-416B, or letters from 2 FL physicians (For the legally blind, one can be an optometrist.) Letter from DVA*, and DR-501A, household income	196.101
<b>Veterans and First Responders Exemptions and Discount</b>				
Disabled veteran discount, age 65 and older which carries over to the surviving spouse	% of disability	Combat-related disability	Proof of age, DR-501DV Proof of disability, DVA*, or US government	196.082
Veteran, disabled 10% or more by misfortune or during wartime service	Up to \$5,000	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.24
Veteran confined to wheelchair, service-connected, totally disabled	All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.091
Service-connected, totally and permanently disabled veteran or surviving spouse	All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.081
Surviving spouse of veteran who died while on active duty	All taxes	Surviving spouse	Letter attesting to the veteran's death while on active duty	196.081
First responder totally and permanently disabled in the line of duty or surviving spouse	All Taxes	First responder or surviving spouse	Proof of Disability, employer certificate, physician's certificate and SSA** (or additional physician certificate)	196.102
Surviving spouse of first responder who died in the line of duty	All taxes	Surviving spouse	Letter attesting to the first responder's death in the line of duty	196.081
*DVA is the US Department of Veterans Affairs or its predecessor. **SSA is the Social Security Administration.				

## References

This form mentions the following documents, which are incorporated by reference in Rule 12D-16.002, F.A.C.  
The forms may be available on your county property appraiser's website  
or the Department of Revenue's website at <http://floridarevenue.com/property/Pages/Forms.aspx>.

<b><u>Form</u></b>	<b><u>Form Title</u></b>
DR-416	Physician's Certification of Total and Permanent Disability
DR-416B	Optometrist's Certification of Total and Permanent Disability
DR-501A	Statement of Gross Income
DR-501DV	Application and Return for Homestead Tax Discount, Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse
DR-501SC	Adjusted Gross Household Income, Sworn Statement and Return