

## ORIGINAL APPLICATION FOR HOMESTEAD AND RELATED TAX EXEMPTIONS

WCPA-501 Effective 01/2024 Page 1 of 4

Permanent Florida residency required on January 1. Application due to property appraiser by March 1.

Tax Year 2024

							Tux Tour		•
County Walton Pa	rcel#					Any portio	n leased or rented?	Yes	No
I am applying for homestead exemption New Change Additional Improvement Type									
Do you claim resider	ncy in anothe	r county o	r state? Ap	plicant?	Yes	No	Co-applicant?	Yes	No
		Appl	icant			Co-a	pplicant/Spou	se	
Name							-		
*Social Security #									
Immigration #									
Date of birth									
% of ownership									
Date of permanent residency									
Date of occupancy									
Marital status	Single	Married	Divorced	Widowed					
Homestead address					Mailing	address,	if different		
Legal description					Applica	nt Phone			-
Legal description					Applicant Phone Co-applicant Phone				
Type of deed	[	Date of de	ed						
Recorded: Book	Page	_ Date	Туре	of Owners	ship				
Did any applicant receive or file for exemptions within the last 3 years? Yes No									
Previous address:									
Please provide as m	nuch informati	on as pos	sible. Your co	ounty prop	erty app	raiser wil	I make the final c	letermi	nation.
Proof of Res	Applicant				Co-applicant/Spouse			)	
Previous residency out	tside Florida			date			di	ate	
and date terminated  FL driver license or ID card number		date				date			
Evidence of relinquishi	ng driver								
license from other state									
Florida vehicle tag nun									
Florida voter registration US citizen)	on number (if			date				date	
Declaration of domicile	date				date				
Current employer									
Address on your last IF	RS return								
School location of deper	ndent children								
Bank statement and checking									
account mailing address									
Proof of payment of utilities at homestead address		☐ Yes ☐ No			☐ Yes ☐ No				
Name and address of any owners not residing on the property									

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

By local ordinance only:			
☐ Age 65 and older with limited in	ncome (amount dete	ermined by ordinance)	
☐ Age 65 and older with limited in	ncome and permane	ent residency for 25 years or more	
☐ \$5,000 widowed ☐ \$5,000 blin	nd 🗌 \$5,000 tota	ally and permanently disabled	
☐ Total and permanent disability - q	uadriplegic		
<ul> <li>Certain total and permanent disab or legally blind</li> </ul>	oilities - limited inco	ome and hemiplegic, paraplegic, whe	elchair required,
☐ First responder totally and perma	nently disabled in t	the line of duty or surviving spouse	
☐ Surviving spouse of first responde	er who died in the I	ine of duty	
☐ Disabled veteran discount, 65 or o	older which carries	over to the surviving spouse	
☐ Veteran disabled 10% or more			
☐ Disabled veteran confined to wheel	lchair, service-conn	ected	
this exemption qualify for a prorated this parcel between January 1 and N	d refund of previous November 1 and prexemption on anot	veteran or veteran's surviving spous s year's taxes if in the previous year t rovide proof of the disability as of Jan her parcel in the previous year, enter	hey acquired uary 1 of that
Parcel number	County	·	
prorated refund of previous year's	s taxes if in the pre- official letter*. If you	e duty. Applicants for this exemption vious year they acquired this parcel but received the same exemption on artion in the space provided.	etween January 1
Parcel number	County _	·	
□ o.,			
Other, specify:			
authorize this agency to obtain information hese exemptions under Florida Statutes permanent residence of my legal or natural understand that under section 196.13	s. I own the property ral dependent(s). (S 1(2), F.S., any pers	y above and it is my permanent resider See s. 196.031, Florida Statutes.) son who knowingly and willfully gives	false information to
laim homestead exemption is guilty of ear, a fine up to \$5,000, or both.	a misdemeanor of	the first degree, punishable by impri	sonment up to one
have read, or have had someone read	d to me, the conten	its of this form.	
certify all information on this form and	any attachments a	are true, correct, and in effect on Janu	uary 1 of this year.

Contact your local property appraiser if you have questions about your exemption. *File the signed application for exemption with the county property appraiser.* 

Signature, property appraiser or deputy	Date	Entered by	Date

## **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 (see s. 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.

## **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.

File the signed application for exemption with the county property appraiser.

Amount			Ctatuta
	Qualifications	Forms and Documents*	Statute
Determined by local ordinance	Local ordinance, limited income	Proof of age DR-501SC, household income	
The amount of the assessed value	Local ordinance, just value under \$250,000, permanent residency for 25 years or more.	DR-501SC, household income	196.075
\$5,000		Death certificate of spouse	196.202
\$5,000		Florida physician, DVA*, or SSA**	196.202
\$5,000	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
ers Exemptions ar	nd Discount		·
e % of disability	Combat-related disability	Proof of age, DR-501DV Proof of disability, DVA*, or US government	196.082
Up to \$5,000	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.24
All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.091
All taxes	Veteran or surviving spouse	Proof of disability, DVA*, or US government	196.081
All taxes	Surviving spouse	US Government or DVA letter attesting to the veteran's death while on active duty	196.081
All Taxes	First responder or surviving spouse	Proof of Disability, employer certificate, physician's certificate and SSA** (or additional physician certificate)	196.102
All taxes	Surviving spouse	Letter attesting to the first responder's death in the line of duty	196.081
	The amount of the assessed value \$5,000 \$5,000 \$5,000 All taxes  All taxes  ers Exemptions are % of disability  Up to \$5,000 All taxes  All taxes  All taxes  All taxes  All taxes	The amount of the assessed value  The amount of the assessed value  \$5,000  \$5,000  \$5,000  All taxes  Cuadriplegic  Hemiplegic, paraplegic, wheelchair required for mobility, or legally blind Limited income  Ers Exemptions and Discount  Wof disability  Up to \$5,000  All taxes  Veteran or surviving spouse  All taxes  Veteran or surviving spouse  All taxes  First responder or surviving spouse  All taxes  All taxes  Surviving spouse  All taxes  First responder or surviving spouse  All taxes  Surviving spouse  All taxes  Surviving spouse  All taxes  Surviving spouse	The amount of the assessed value  The amount of the assessed value  The amount of the assessed value  In assessed value  \$5,000  \$5,000  \$5,000  Death certificate of spouse  Florida physician, DVA*, or SSA**  \$5,000  Disabled  All taxes  All taxes  All taxes  All taxes  All taxes  Proof of age, DR-501DV  Proof of disability, DVA*, or US government  All taxes  All taxes  All taxes  Veteran or surviving spouse  All taxes  All t

## 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 <a href="mailto:floridarevenue.com/property/forms">floridarevenue.com/property/forms</a>

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