

**Affidavit For
Ad Valorem Tax Exemption**

DR-504S
R. 12/93

By Hospitals, Nursing Homes and Homes for Special Services

This Affidavit must be completed by each apartment owner or owners, renter or renters to qualify for exemption under Section 196.197, Florida Statutes.

Name _____ Age _____

Spouse's Name _____ Age _____

Name of Building _____ Apt. No. _____

Does the resident, spouse or both reside in the above unit or apartment and in good faith make the same his or her permanent home?

Resident: Yes _____ No _____

Spouse: Yes _____ No _____

Has the resident, spouse or both made the State of Florida his or her permanent home prior to January 1 of this year?

Resident: Yes _____ No _____

Spouse: Yes _____ No _____

Part I. To Be Completed If Exemption Of The Unit Is Claimed Under Section 196.1975, F.S.

Gross Income:

Earned Income	\$ _____
Income From Investments	\$ _____
Gains Derived From Disposition of Appreciated Property	\$ _____
Interest	\$ _____
Rents	\$ _____
Royalties	\$ _____
Dividends	\$ _____
Annuities	\$ _____
Social Security Benefits	\$ _____
Income From Retirement Plans	\$ _____
Pensions	\$ _____
Trusts	\$ _____
Estates	\$ _____
Inheritances	\$ _____
Direct and Indirect Gifts	\$ _____
Other (Specify)	\$ _____
Total	\$ _____

Was the resident or resident's spouse 62 years of age or older on January 1?

Resident: Yes _____ No _____

Spouse: Yes _____ No _____

Is the resident or spouse or both totally and permanently disabled? Yes ___ No ___

If the resident or spouse is disabled, proof of such total and permanent disability should accompany this Affidavit.

Part II. To Be Completed If Exemption Of The Unit Is Claimed Under Section 196.1975, F.S.

Has the resident of the unit claimed homestead exemption on any other property for the current year? Yes ___ No ___

If the resident is claiming exemption under Section 196.1975, F.S., does the resident or spouse or both presently, and did they as of January 1, reside therein and in good faith make the same his or her permanent home?

Resident: Yes ___ No ___ Spouse: Yes ___ No ___

If the resident is claiming additional exemption under Section 196.1975, F.S., was the resident, spouse or both age 65 years or older on January 1 of this year?

Resident: Yes ___ No ___ Spouse: Yes ___ No ___

I (We), the undersigned hereby swear that the above is true and correct.

Resident _____ Spouse _____

Date _____

STATE OF FLORIDA
COUNTY OF _____

The following statement was sworn and subscribed before me this, date _____

(date)

by _____ who is personally known to me or who has

produced _____ as type of identification.

(Type of ID)

NOTARY PUBLIC SIGNATURE AND SEAL