

## ORIGINAL APPLICATION FOR ASSESSMENT REDUCTION FOR LIVING QUARTERS OF PARENTS OR GRANDPARENTS

DR-501PGP R R. 11/12 Rule 12D-16.002 Florida Administrative Code Effective 11/12

Section 193.703, Florida Statutes

☐ New ☐ Change ☐ Addition				Due to the property appraiser by <b>March 1</b> .			
County		arcel ID	Tax year 20				
Applicant				Co-applic	ant		
Address				Legal des	cription		
Describe the construction or reconstruction for the living quarters							
Possing the scholadion of reconstitution the living quarters							
Completion data	of living and		Didyoua	ot o buile	ding parmit? Dyon		
Completion date of living quarters Did you get a building permit?							
Parents or Gra	ndparents	n the Property	(At least one must b		t one must be age 6	32 or over)	
Name	•						,
Marital status single ma			ed widowed divorced sin		single	e married widowe	d divorced
			If yes, date of birth		yes no If yes, date of birth		
P		Proof of age			Proof of age		
Relationship to owner							
Address last yea	ſ						
D. Lat.							
Did this person file tax exemptions last year?			☐ yes		☐ yes	no	
exemplions last y	tai!	I					
Proof of Residence			Parent/grandparent 1			Parent/grandpa	arent 2
Last became a permanent resident of Florida			Date			Date	
Occupied applicant's homestead on			Date			Date	
Florida driver license number Florida vehicle tag number			#			#	
Florida voter registration number, if US citizen			#			#	
Declaration of Domicile residency date			Date			Date	
Current employer			Dato			Duto	
Address on last IRS return							
Addresses of parents/ grandparents							
not residing on the pro	perty						
						duction revoked, be subj	ect to a
penalty of up to \$1,	000, and be	disqualified	from receiving this	reduction fo	r 5 years	. (s. 193.703, F.S.)	
I authorize the property appraiser to obtain information to determine my eligibility for this assessment reduction. I certify that							
each parent or grandparent above resided primarily on the property on January 1 and does not claim homestead exemption in Florida or residence-based exemption or tax benefit in another state. I am a permanent resident of the State of Florida. I							
own and occupy the property. I certify that I have read this application and the facts in it are true.							
Signature, applicant			Date	Signature,	nature, qualifying parent/grandparent 1 Date		Date
Signature, co-appl	icant		Date	Signature,	qualifying	parent/grandparent 2	 Date