



IMPERIAL POLK COUNTY

Property Appraiser
Marsha M. Faux, CFA, ASA
www.polkpa.org

AFFIDAVIT OF SEPARATION – PAGE 1 of 2

A married couple or family unit is entitled to only one homestead or similar residency based exemption ([Florida Constitution, Article VII Section 6\(b\)](#)). In **rare** instances, a married couple may qualify for more than one exemption, but it must be demonstrated that they are financially independent of one another and have clearly established separate family units. The determination of what constitutes separate family units is based on two primary considerations: financial separateness and whether or not there is an intact marriage. Please provide the following **information** and **documentation** so that eligibility for homestead exemption can be determined.

To be eligible for Homestead Exemption Florida Statutes require the social security number of the applicant and the applicant's spouse be provided; even if the couple is separated or if the spouse does not own or live on the property.

Parcel Number:	Date:	Application Year:
Applicant Name: _____	Spouse Name: _____	
Applicant SSN: _____	Spouse SSN: _____	
Applicant Phone Number: _____	Spouse DOB: _____	
Applicant Email Address: _____	Spouse Email Address: _____	
Applicant Mailing Address: _____	Spouse Mailing Address: _____	
Applicant Site Address: _____	Spouse Site Address: _____	

Date Married: _____ Date Separated: _____ Is a divorce pending? *If yes, attach copies of filed documents.*

RESIDENCY BASED EXEMPTIONS CLAIMED BY SPOUSE	YES	NO
Does your spouse claim a homestead exemption or ANY residency based tax exemption in Florida?		
Does your spouse claim a homestead exemption or ANY residency based tax exemption in any other state or jurisdiction?		
Please provide the address of the property that is receiving residency based tax exemption:		
FINANCIAL STATUS	YES	NO
Do you and your spouse spend time in the other's home or go back and forth between them?		
Do you and your spouse travel, vacation, or socialize with each other?		
Do you and your spouse maintain ANY joint bank or financial accounts?		
Do you and your spouse have any credit cards, retirement, or investment accounts or other lines of credit in both names?		
Are you listed as a beneficiary on any insurance policy or financial account owned by your spouse?		
Is your spouse listed as a beneficiary on any insurance policy or financial account owned by you?		
Do you and your spouse file your IRS return jointly or as a married couple?		
Does your spouse file a state income tax? If so, in what name(s) is the tax filed?		
Do you provide support to OR receive support from your spouse in any form including but not limited to: Insurance coverage or premium payments, mortgage assistance or payment, utility payments, car payments, or any other form of financial payments or assistance? (DO NOT INCLUDE court ordered alimony or child support.)		
Do you have any bills that are in your spouse's name or in both your names? (Utility, Water, Cable, Telephone, Cell, etc.)		
Do you and your spouse have any automobiles, boats, or aircrafts which are jointly titled?		
Do you and your spouse hold any debts jointly? If yes, explain what debt and when it was incurred.		

In the future, if your spouse is awarded a homestead exemption you must notify our office immediately so your Affidavit of Separation/Homestead Exemption can be reviewed.

Bartow Office:
255 N. Wilson Ave. Bartow, FL 33830
Ph: 863-534-4777 Fax: 863-534-4753

Lakeland Office:
930 E. Parker St., Ste. 272 Lakeland, FL 33801
Ph: 863-802-6150 Fax: 863-802-6163

Winter Haven Office:
3425 Lake Alfred Rd., 3 Gill Jones Plaza Winter Haven, FL 33881
Ph: 863-401-2424 Fax 863-401-2428

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The following documents are required:

1. **IRS TAX RETURN OR NON FILING IRS AFFIDAVIT** showing each spouse files their taxes separately and that there is no co-mingling of funds.
2. **AT LEAST ONE UTILITY BILL (ELECTRIC, CABLE, TELEPHONE)** showing the utility is in the applicant's name ONLY.
3. **CHECKING AND SAVINGS ACCOUNT STATEMENTS** showing the applicant has these accounts in the applicant's name ONLY.

In addition, the applicant must provide any two of the following:

1. **MORTGAGE STATEMENT & PAYMENT** showing the applicant is solely responsible for the mortgage.
2. **CREDIT CARD BILLS** showing the applicant does not share accounts with spouse.
3. **HOMEOWNERS INS BILL & PAYMENT** showing the applicant is solely responsible for the insurance.
4. **PROOF OF PAYMENT OF PROPERTY TAXES** showing the applicant is solely responsible for the taxes.
5. **BENEFICIARY DESIGNATION FORMS** for any of the following accounts: Retirement, Pension, Life Insurance, Annuity, Brokerage, and Mutual Funds

I understand that separate family units must have been established on or before January 1 of the effective year of the exemption and the burden of demonstrating that we have established separate "family units" is my responsibility.

I understand that I will attest to this **each year** and provide evidence of separate family residential units and that if my/our living arrangements were to change, I will notify the Polk County Property Appraiser immediately so my records may be reviewed and any changes made to the status of my homestead.

I understand that section [196.131\(2\), Florida Statutes](#), provides that any person who knowingly and willfully gives false information for the purpose of claiming homestead exemption is guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both.

Under penalty of perjury, I hereby swear or affirm that the above is true and correct and I make this statement of my own free will.

Signature of Applicant

Print Name

Address of Applicant

City, State and Zip Code

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this _____ day of _____ year _____,

by _____

Signature of Notary Public

Commissioned Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Commission Number: _____

Please complete this form and email to paexemptions@polk-county.net – OR –
mail to the Bartow Office address below.

NOTE: If you are separated, your exemption may not be approved without the submission of this form and the necessary documentation to establish separate family units. Thank you.

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