

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

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 March 1 .				
County	Parcel ID			Tax year 20			
Applicant				int			
Address				ription			
Describe the construction or reconstruction for the living quarters							
Describe the conclusion of reconclusion for the living quarters							
Completion date of liv	Did you get a building permit? ☐ yes ☐ no						
Parents or Grandparents Living on the Property				(At least one must be age 62 or over)			
Name							
Marital status		arried 🗌 widowed 🗌	divorced	single		divorced	
Age 62 or older?	1 — 1 — 1 ·			yes no If yes, date of birth			
Proof of age			Proof of age				
Relationship to owne	<u>r </u>						
Address last year							
Did this person file tax				П П			
exemptions last year?	11 1046 1 100			yes no			
Proof of Residence Parent/grandparent 1 Parent/grandparer						2	
Last became a permanent r		Date			Date		
Occupied applicant's homes		Date			Date		
Florida driver license number		#			#		
Florida vehicle tag number		#			#		
Florida voter registration nu		#			#		
Declaration of Domicile resi	dency date	Date			Date		
Current employer							
Address on last IRS return	Ingranta						
Addresses of parents/ grand not residing on the property	parents						
	a willfully false sta	tement in this applic	ation will have	e the rec	fuction revoked he subject to		
Any person who makes a willfully false statement in this application will have the reduction revoked, be subject to a penalty of up to \$1,000, and be disqualified from receiving this reduction for 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, qualifying parent/grandparent 1 Date					
Signature, co-applicant		Date	Signature of	ualifying	parent/grandparent 2	Date	
organicario, ou-applicarii		Date	Signature, q	~~mynng	paroningianaparoni 2	Date	