

## **Application Instructions for Homestead Exemption Application (DR-501)**

Your application, once completed **and signed**, may be mailed or filed in person at [one of our offices](#) by **March 1**.

Mailing Address:

Rob Turner  
Hillsborough County Property Appraiser  
Attention: Exemption Department  
601 E Kennedy Blvd 16th floor  
Tampa FL 33602-4932

**Completing the form to its entirety will expedite the process of your application.**

Complete the form as follows:

1. Folio/PIN: Write either your 10-digit folio number or 22 digit PIN number [\[property record search\]](#).
2. Tax Year: The year for which you are seeking Homestead Exemption. If you owned the property and resided in the home before January 1, and you are completing the form before March 1, use the current calendar year; otherwise use the upcoming calendar year.
3. Name and Address: Write the owner(s) name, property address and mailing address.
4. Exemptions: Please check the appropriate box to indicate the type of exemption for which you are making the application. Refer to the [Eligibility Criteria on our website](#).
5. Legal Description: Write the legal description (subdivision name, lot and block or meets and bounds) of your property (obtained from a copy of your deed, tax bill or copied from website). [\[property record search\]](#).
6. Social Security Number: Write Social Security Number for each owner who is residing and the respective spouse, if married
7. Marital Status: Mark the appropriate box, if married but living separate provide proof of legal separation. For each owner residing on property.
8. Did you have homestead exemption last year? Indicate where you resided before you moved in this home.
9. Proof of residence for all owners living in the property. Each owner making application for Homestead Exemption must complete this section. Write the owner's name above each column and complete the area below for that person.
  - Address of owner not residing on property – for any owner not residing on subject property; give us the address where they live.
  - Date of Occupancy – the date you moved on this property
  - Florida Voter Registration Number – If not registered, indicate if US Citizen or Resident Alien.
  - Florida Driver License Number.

10. All owners making application must sign the form.
11. Date: Enter date of application.
12. Phone number: Write in your daytime telephone number, including area code.

### **Required Documentation**

Provide a copy of your Florida Driver License, OR  
ONE of the following, if you do not drive

- a. Florida Identification Card \*
- b. Florida Voter Registration Card

\* You can not have a valid driver license from another state and a Florida ID card.

If you are NOT a United States Citizen, attach a **copy** of your Permanent Resident Card (front and back)

A Social Security number is required for all owners making application and their spouses, even if the spouse does not own and/or reside on the property, per Florida Statute.

If title to the property on which you are applying is held in a trust, a copy of the trust or Memorandum of Trust must be submitted.

If you are applying for homestead exemption and you live in a mobile home, a Real Property application must also be submitted. Please contact our office.

If you still have questions regarding the Homestead Exemption application, please contact the Exemption Department at 272-6100 or email [custserv@hcpafl.org](mailto:custserv@hcpafl.org).



# Florida Department of Revenue

## Original Application for Ad Valorem Tax Exemption

DR 501  
R. 12/02

New \_\_\_\_\_ Change \_\_\_\_\_ Additional \_\_\_\_\_  
Applicant/Co-applicant Name and Address:

\_\_\_\_\_

Legal Description:

Applicant Social Security No.:

Co-Applicant Social Security No.:

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

**Marital status:** ☐ Single ☐ Married  
☐ Widow ☐ Divorced ☐ Widower

Did you file tax exemptions last year? ☐ Yes ☐ No

Your last year's address \_\_\_\_\_

City/State \_\_\_\_\_

County \_\_\_\_\_

Tax year \_\_\_\_\_

Property identification number: \_\_\_\_\_

### Permanent Florida residency required as of January 1

- ☐ \$25,000 Homestead exemption \*(see additional information)
  - ☐ \$500 Widow's exemption
  - ☐ \$500 Widower's exemption
  - ☐ \$500 Disability exemption
  - ☐ \$500 Blind persons exemption
  - ☐ \$5000 Disabled Veteran
  - ☐ Total and permanent disability exemption — Quadriplegics  
(Documentation required)
  - ☐ Service connected total and permanent disability exemption  
(Documentation required)
  - ☐ Exemption for disabled veterans confined to wheelchairs  
(Documentation required)
  - ☐ Total and permanent disability exemption  
(Documentation required)
- \* If you wish to apply for an additional homestead exemption enacted by local ordinance for persons age 65 and older you must file form DR-501SC. However, you must either receive, or apply for, the regular homestead to get the 65 and older additional homestead exemption. If you have already received regular homestead exemption, you do not need to file another form DR-501.

### Ownership information

Percent of ownership \_\_\_\_\_ Type of deed \_\_\_\_\_  
Recorded: Book \_\_\_\_\_ Page \_\_\_\_\_  
Date recorded \_\_\_\_\_ Date of deed \_\_\_\_\_

Proof of residence for all owners	Owner	Spouse	Other owner
Give address of each owner not residing on property			
Date you last became a permanent resident of Florida			
Date of occupancy			
Florida driver license number	(Date)	(Date)	(Date)
Florida vehicle tag number			
Florida voter registration number (if U.S. citizen)	(Date)	(Date)	(Date)
Immigration number (Alien Card — if not a U.S. citizen)	(Date)	(Date)	(Date)
Declaration of domicile	Res. date	Res. date	Res. date
Date of birth			
Current employer			
Address listed on your last IRS return			

I hereby authorize this agency to obtain information necessary to determine my eligibility for the exemption(s) applied for. **NOTE: If all information is not received by March 1st, your application will be processed for whatever exemptions you qualify for on that date.**

I hereby make application for the exemptions indicated and affirm that I do qualify for same under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property described above. 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. Further, under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

Signature of applicant

Signature of co-applicant

Signature of deputy

Date

Phone number

Entered by



**Florida Department of Revenue**  
**Original Application for Ad Valorem Tax Exemption**

DR 501  
R. 12/02

New \_\_\_\_\_ Change \_\_\_\_\_ Additional \_\_\_\_\_  
Applicant/Co-applicant Name and Address:

Tax year \_\_\_\_\_

Property identification number: \_\_\_\_\_

Legal Description:

Applicant Social Security No.: \_\_\_\_\_

Co-Applicant Social Security No.: \_\_\_\_\_

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

**Marital status:** ☐ Single ☐ Married  
☐ Widow ☐ Divorced ☐ Widower

Did you file tax exemptions last year? ☐ Yes ☐ No

Your last year's address \_\_\_\_\_

City/State \_\_\_\_\_

County \_\_\_\_\_

**Permanent Florida residency required  
as of January 1**

- \$25,000 Homestead exemption \*(see additional information) ☐
- \$500 Widow's exemption ☐
- \$500 Widower's exemption ☐
- \$500 Disability exemption ☐
- \$500 Blind persons exemption ☐
- \$5000 Disabled Veteran ☐
- Total and permanent disability exemption — Quadriplegics  
(Documentation required) ☐
- Service connected total and permanent disability exemption  
(Documentation required) ☐
- Exemption for disabled veterans confined to wheelchairs  
(Documentation required) ☐
- Total and permanent disability exemption  
(Documentation required) ☐
- \* If you wish to apply for an additional homestead exemption enacted by local ordinance for persons age 65 and older you must file form DR-501SC. However, you must either receive, or apply for, the regular homestead to get the 65 and older additional homestead exemption. If you have already received regular homestead exemption, you do not need to file another form DR-501.

**Ownership information**

Percent of ownership _____	Type of deed _____
Recorded: Book _____	Page _____
Date recorded _____	Date of deed _____

Proof of residence for all owners	Owner	Spouse	Other owner
Give address of each owner not residing on property			
Date you last became a permanent resident of Florida			
Date of occupancy			
Florida driver license number	(Date)	(Date)	(Date)
Florida vehicle tag number			
Florida voter registration number (if U.S. citizen)	(Date)	(Date)	(Date)
Immigration number (Alien Card — if not a U.S. citizen)	(Date)	(Date)	(Date)
Declaration of domicile	Res. date	Res. date	Res. date
Date of birth			
Current employer			
Address listed on your last IRS return			

I hereby authorize this agency to obtain information necessary to determine my eligibility for the exemption(s) applied for. **NOTE: If all information is not received by March 1st, your application will be processed for whatever exemptions you qualify for on that date.**

I hereby make application for the exemptions indicated and affirm that I do qualify for same under Florida Statutes. I am a permanent resident of the State of Florida and I own and occupy the property described above. 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. Further, under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of co-applicant

\_\_\_\_\_  
Signature of deputy

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Entered by