



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

DR-501PGP
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		Co-applicant			
Address		Legal description			

Describe the construction or reconstruction for the living quarters

Completion date of living quarters	Did you get a building permit? <input type="checkbox"/> yes <input type="checkbox"/> no
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Parents or Grandparents Living on the Property		(At least one must be age 62 or over)	
Name			
Marital status	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced	<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced	
Age 62 or older?	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, date of birth _____ Proof of age	<input type="checkbox"/> yes <input type="checkbox"/> no If yes, date of birth _____ Proof of age	
Relationship to owner			
Address last year			
Did this person file tax exemptions last year?	<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes <input type="checkbox"/> no	

Proof of Residence	Parent/grandparent 1	Parent/grandparent 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		
Address on last IRS return		
Addresses of parents/ grandparents not residing on the property		

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
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_____ Signature, co-applicant	_____ Date	_____ Signature, qualifying parent/grandparent 2	_____ Date
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Applicant Phone Number

Co-Applicant Phone Number