



Ad Valorem Tax Exemption Application Proprietary Continuing Care Facility

DR-501CC
N. 09/98

For use by proprietary continuing care facilities applying for exemption under Section 196.1977, Florida Statutes.

1. Full name of organization	County where property is located
2. Mailing Address	Business Phone
3. Address of Property (if different from above)	
4. List Owner of Property	
5. Legal Description (Property Appraisers RE Parcel Number may be substituted)	
6. Is the organization certified under Chapter 651, Florida Statutes, as of January 1, _____? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide copy of the Certification.	
7. Is the organization qualified for an exemption under section 196.1975, Florida Statutes, or other exemptions? <input type="checkbox"/> yes <input type="checkbox"/> no	
8. Number of units/apartments as facility	<input style="width: 100px;" type="text"/>
Number of units/apartments that qualify for \$25,000 exemption under Section 196.1977(1)(2), Florida Statutes.	
Each eligible resident of a qualified unit must file an affidavit to be included with this application.	

Who may file: Any proprietary continuing care facility certified under Chapter 651, Florida Statutes, which is not qualified for an exemption under s. 196.1975, Florida Statutes or other similar exemptions, as of January 1, _____. Each eligible resident holding a continuing care contract as defined in Chapter 651, who resides in and makes this his/her permanent residence and is not eligible for any other homestead exemption, must file an affidavit with the facility which must be included with this application.

Where to file: Application must be filed with the County Property Appraiser in the respective county where the property is located.

When to file: Application must be filed each year on or before March 1.

I understand I as owner must disclose to a qualifying resident the full amount of the benefit derived from the exemption and the method for ensuring that the resident receives such benefit. I affirm the resident shall receive the full benefit derived from this exemption in either an annual or monthly credit to his or her unit's monthly maintenance fee. I understand that for a nonqualifying resident who subsequently qualifies for the exemption, the same disclosure shall be made.

I certify all information on this form and any attached statements, schedules, etc., are true and correct to the best of my knowledge as of January 1 of this year.

Signed: _____ Date: _____

Title: _____