



**Ad Valorem Tax Exemption Application
and Return Homes for the Aged
196.1975, F.S.**

This form must be signed and returned on or before March 1st.

For use by nonprofit homes for the aged for exemption under Section 196.1975, F.S.

1. Full Name and Address of Organization: _____ _____ _____ Telephone No. () _____	2. Facility's Name and Address (if different than #1.) _____ _____ _____ Telephone No. () _____
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3. Legal Description (Appraiser's R.E., parcel no., etc., may be substituted):

4. Is the applicant a corporation pursuant to Chapter 617, F.S.? Yes No If yes please provide a copy of its designation letter from the Secretary of State.
If yes, is the corporation exempt from federal income tax under 501(c)(3), I.R.C.? Yes No
If yes, please provide a copy of the current exemption determination letter from the Internal Revenue Service.

5. Is the applicant a Florida limited partnership, of which the sole general partner is a corporation pursuant to Chapter 617, F.S. and exempt from federal income tax under 501(c)(3), I.R.C.? Yes No
If yes, please provide a copy of the current exemption determination letter from the Internal Revenue Service, and a copy of its acknowledgement letter from the Secretary of State.

6. If the applicant is neither of the above, what form is the organization? _____

7. Do you provide any of the following: Medical Facilities? Yes No
Nursing Services? Yes No Assisted Living Facility under Chapter 429, F.S., Yes No

8. If the answer to question 7 is "yes" did you possess a valid license granted by the Agency for Healthcare Administration on January 1 of this year? Yes No

9. Owner's statement of full value:

Real property improvements	\$
Real property land	\$
Tangible personal property	\$

10. Is any of this property rented or leased to other than residents? Yes No If yes attach a copy of all active rental and/or lease contracts last year.

11. Portion of property used exclusively to conduct religious services and/or nursing or medical services: _____ percent

12. Is any portion of the above-described property used for non-exempt purposes? Yes No
(If yes attach a detailed explanation)

I understand that the property appraiser may require supplemental and additional information, other than the application, and I am willing to comply with any reasonable request to furnish such information, related to requirements specified in s. 196.1975, F.S.

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it and all information stated on any attached statements, schedules, etc., are true.

Signature: _____ Date: _____

Title: _____

SPECIFIC INSTRUCTIONS

In addition to the general requirements specified in this application, in order for a rental unit or apartment to qualify as exempt under s. 196.1975(4), F.S., the following classes of persons must have a gross income of not more than that provided in s. 196.1975, F.S.

1. Persons that are age 62 years of age or older.
2. Persons that are totally and permanently disabled.
3. Couples, one of whom must be 62 years old or older.
4. Couples, one or both of whom are totally and permanently disabled.

The following items must be completed:

1. Number of units and apartments in home excluding units accounted for in question #11 (page 1) _____
 2. Number of units and apartments that qualify for exempt status under s. 196.1975(4), F.S. (see above) _____
 3. % of the units and apartments that are exempt (2 divided by 1)* _____
 4. Number of units or apartments qualifying for the \$25,000 exemption under s. 196.1975(9)(a), F.S., other than those units exempt under s. 196.1975(3) & (4), F.S. _____
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ATTACHMENTS – You must attach the following information.

- A. A copy of the applicant's corporate acknowledgment letter from the Secretary of State.
- B. A copy of the applicant's current non-profit Uniform Business Report (UBR) filed with the Secretary of State.
- C. A copy of the applicant's 501(c) (3) designation letter from the Internal Revenue Service.
- D. If the applicant is licensed as a nursing facility or assisted living facility, a copy of its license from the Agency for Health Care Administration.

WHERE TO FILE: The 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.

ATTACHMENTS: Every attachment must show the name and address of the organization, the date, an identifiable heading, and that it is an attachment to Form DR-504HA.

***Note: This same percentage applies to common areas which qualify for an exemption as provided under s. 196.1975 (12) unless 25% or more of the units or apartments are exempt which would result in a total exemption for common areas as provided for in s. 196.1975 (8).**