



# APPLICATION AND RETURN FOR HOMESTEAD TAX DISCOUNT Veterans Age 65 and Older with a Combat-Related Disability and Surviving Spouse

Section 196.082, Florida Statutes

501DV  
R. 11/21  
12D-16.002, F.A.C.  
Effective 11/21  
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This application is for use by a veteran or their surviving spouse to apply for an ad valorem tax discount on homestead property. To qualify, veterans must be age 65 or older, partially or totally permanently disabled with a combat-related disability, honorably discharged, and reside in the homestead. Please answer the questions below.

The discount will carry over to a veteran's surviving spouse if the spouse resides in the same home as the veteran and has not remarried. If the surviving spouse moves to a new home, the surviving spouse must complete page 2 to notify the property appraiser that the discount should be carried over to the new homestead.

	Yes	No
• Were you honorably discharged from military service?	<input type="checkbox"/>	<input type="checkbox"/>
• Is a portion of your service-connected disability combat related?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you currently have a homestead exemption in this county?	<input type="checkbox"/>	<input type="checkbox"/>
• If not, have you applied for homestead exemption?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you at least age 65 as of January 1 of current tax year?	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **No** to the questions above, you do not qualify. Do not submit this form.

If you answered **Yes** to all the above, sign and submit the completed form by **March 1**, with the required documents, to the property appraiser in the county of your homestead.

Parcel ID		County	
Name		Date of birth	
Spouse's name		Phone	
Mailing address		Physical address, if different	

Percent of service-connected disability %

Provide the documents below to the property appraiser.	check box
• Copy of honorable discharge papers (example: DD Form 214)	<input type="checkbox"/>
• Copy of the rating decision letter from the US Department of Veterans Affairs	<input type="checkbox"/>
• Evidence from the US Dept of Veterans Affairs or military branch identifying the portion of the disability that is combat related, if not included in the rating decision letter	<input type="checkbox"/>
• Proof of age on January 1	<input type="checkbox"/>

I authorize the Property Appraiser to contact the FL Dept of Veterans' Affairs (FDVA), the \_\_\_\_\_ County Veterans Services office ( \_\_\_\_\_ ), and/or any other person or organization authorized to act as my Veterans' Service Officer, to obtain verification of my percentage of service-connected disability, that the disability is combat related, and that I was honorably discharged, through use of the agencies' access to U.S. Dept of Veterans Affairs' databases. I authorize the Property Appraiser to provide such application information as necessary to these entities to determine my eligibility for the discount applied for. I further authorize the agency having access to my VA records to disclose such information to the Property Appraiser.

Yes   
No

Signature	Print name	Date
Signature, property appraiser or deputy	Date	

**Surviving Spouse of Veteran who Received the Discount and is Moving to a New Homestead**

This notification is for use by a surviving spouse to inform the property appraiser when moving to a new homesteaded property. Discounts granted on homestead property qualify to be carried over to new homestead property. The amount to be transferred equals the dollar amount of the discount granted on the previous homestead included in the most recent ad valorem tax roll. Please complete the section below.

If you have not completed the *Original Application for Homestead and Related Tax Exemptions* (Form DR-501) for the new homestead, complete Form DR-501 (incorporated by reference in Rule 12D-16.002, F.A.C.).

Sign and submit this completed form by **March 1**, with a completed Form DR-501 if required, to the property appraiser in the county of your new homestead.

COMPLETED BY SURVIVING SPOUSE WHEN MOVING TO A NEW HOMESTEAD			
Spouse name		Parcel ID	
Veteran name		County	
New address		Phone	
Previous address		Parcel ID	
		County	
		Date sold or no longer used as your homestead	

I affirm that I am transferring the discount for the partially or totally and permanently disabled veteran from the previous homestead above. I have not remarried since the veteran's death and the new homestead is my primary residence.

I certify all information on this form and any attachments is true, correct, and in effect on January 1 of this year.

\_\_\_\_\_ Date

Signature, Surviving Spouse

COMPLETED BY PROPERTY APPRAISER OF NEW HOMESTEAD
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If the surviving spouse moves to a new homestead in the same county, the discount is verified by the same county property appraiser and the dollar amount granted from the most recent ad valorem tax roll is transferred to the new homestead.

If the previous homestead of the surviving spouse is in another county, provide this form to obtain the dollar amount of the discount granted from that property appraiser. Complete your contact information for the property appraiser of the previous homestead to return the verified form.

Dollar amount discount granted from the most recent ad valorem tax roll \$ \_\_\_\_\_.

\_\_\_\_\_ Date

Signature, property appraiser or deputy

Contact		Email	
Address		Phone 1	
		Phone 2	
		Fax	

COMPLETED BY PROPERTY APPRAISER OF PREVIOUS HOMESTEAD
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Dollar amount discount granted from the most recent ad valorem tax roll for the county where the previous homestead is located \$ \_\_\_\_\_.

\_\_\_\_\_ Date

Signature, property appraiser or deputy

**PROPERTY APPRAISER USE ONLY**

<input type="checkbox"/> DD 214/Other Discharge Documents <input type="checkbox"/> Summary of Benefits Letter <input type="checkbox"/> Decision Letter/Award Letter <input type="checkbox"/> Ltr/FDVA Letter	<input type="checkbox"/> Scanned <input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> % Change	Verified By _____ Date _____
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