



Limited Income Senior Instructions and Application

Return completed application to: Lake County Property Appraiser
Attn: Exemptions Dept.
320 W. Main St. Suite A
Tavares, FL 32778-3814

You may file for Limited Income Senior Exemption by mail or in person by **March 1st**.
Simply follow the instructions below and mail your completed application (on page 2) to the address listed above.

If you choose to apply in person, our office locations are:

Main Office

320 W. Main St. Suite A
Tavares, FL 32778-3814
Office Hours:
8:30 a.m. - 5:00 p.m.
Phone (352) 253-2150

Lady Lake Office

902 Avenida Central
The Villages, FL 32159
Office Hours Vary Seasonally. Please Call In Advance.
A Recorded Message Will Provide Information Regarding Hours of Operation.
Phone (352) 750-4545

Your applications will be processed within 4 – 6 weeks. If you have any question, contact us at 352-253-2154.

The application is numbered, simply complete numbers 1 – 10 on the fillable application, found below, for each owner or occupant residing on the property; print the completed form and submit.

1. Tax Year – Enter the year you are applying for. You must own and live on property as of January 1st and apply by March 1st. Alternate Key # is found on your tax bill or locate with a [search for your property](#).
2. Owners Names – List all current owners of the property.
3. Address Where You Live – List the address of the property on which you are applying for exemption.
4. Mailing Address If Different From Address Where You Live – Complete this only if you do not receive mail at your home address.
5. List **all** persons living in the homestead as of January 1 of the tax year and complete each question for each occupant:
 - Name of household member
 - Date of birth of household member
 - Do they file an IRS return? Yes or No
 - Year that household member moved to this property
 - Estimated Adjusted Gross Income if known
6. Statement of Income – Complete this portion only if you DO NOT file an IRS return.
7. Signature Owner/Applicant – Sign the form.
8. Date – This is the date you signed the form.
9. Email Address – Provide an email address so we may contact you about your application or future exemption and assessment information (notice: (read public record disclaimer for email addresses).
10. Phone Number – Provide your day-time telephone number (including area code) so we may contact you about your application.

**LAKE COUNTY LIMITED INCOME SENIOR APPLICATION/RETURN
SWORN STATEMENT OF HOUSEHOLD ADJUSTED GROSS INCOME
For Persons Age 65 and Over per Section 196.075, Florida Statutes
FILING DEADLINE MARCH 1**

① TAX YEAR: _____ ALTERNATE KEY #: _____

② OWNERS NAMES: _____

③ ADDRESS WHERE YOU LIVE: _____

④ MAILING ADDRESS IF DIFFERENT FROM ADDRESS WHERE YOU LIVE: _____

CITY: _____ STATE _____ ZIP + 4 _____

⑤

List all persons living in the homestead as of January 1 of the tax year					
List Name of Each Household Member	Date of Birth	Do you file an IRS return?		Year you Moved Here?	Adjusted Gross Income <small>*Leave blank if return or income is not yet received</small>
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

- If you answered Yes above, you must submit your prior year IRS return and wage and tax statements by May 1 to expedite processing.
- If you answered No above, you must submit copies of all 1099, W-2's and all other sources of income from the prior year by May 1 to expedite processing along with the statement of income worksheet below for each owner.
- Income and household members are defined under Section 196.075 of Florida Statutes.

⑥

Statement of Income * ONLY NEEDED IF YOU DO NOT FILE AN IRS RETURN			
Name: _____			
Earned Income		Social Security benefits	
Investment Income		V A benefits	
Capital gains/losses		Income from retirement plans	
Interest Income		Income from pensions	
Rents		Income from trust funds	
Royalties		Dividends	
Annuities		Other (specify)	
Total Income for this household member			\$ _____

Note: Use additional forms other household members "statement of income" if needed.

I authorize the Property Appraiser's Office to obtain information from utility companies and other sources necessary to determine my eligibility for the exemption applied for. Furthermore, I certify that I am at least 65 years old on January 1 for the tax year I am applying for and the total prior year adjusted gross income of all persons living in the household on January 1 of the tax year is not more than the adjusted gross income as defined in section 62 of the US Internal Revenue Code. I also certify that I am a permanent resident of the State of Florida and I own and occupy the above property as my permanent residence. Under FS 196.131(2), 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 Statement of Adjusted Gross Income and the facts in it are true and correct. Disclosure of your email address is not required. By providing an email address you grant explicit consent for the Property Appraiser to further communicate with you via email regarding this exemption or other products or services. Email addresses are considered public record under Florida Law and are not exempt from public-records requirements.

⑦

Signature/Owner

⑨

Email Address

⑩

Signature/Co-owner

Phone number

⑧

Date

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Office use only