



# APPLICATION FOR HOMESTEAD TAX DISCOUNT

## Veterans Age 65 and Older with a Combat-Related Disability

Section 196.082, Florida Statutes

DR-501DV  
R. 12/12  
Rule 12D-16.002, F.A.C.  
Eff. 12/12  
Provisional

|  | 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"/> |

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

\*If you answered **"Yes"** to the questions above, sign and submit the 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                           |   |
| Mailing address |  | Physical address, if different          |   |
| Phone           |  | Percent of service-connected disability | % |

| Provide the documents below to the property appraiser.   |  | 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 Department 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 65 as of January 1 of current tax year  |  | <input type="checkbox"/>     |
| <p>_____<br/>Signature, applicant</p> <p>_____<br/>Print name</p> <p>_____<br/>Date</p> <p>_____<br/>Signature, deputy property appraiser</p> <p>_____<br/>Date</p>                      |  |                              |