



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN

Sections 196.195, 196.196, 196.197, 196.1978,
196.198, 196.2001, 196.2002, Florida Statutes

Application # _____

DR-504
R. 01/18
Rule 12D-16.002
FAC
Eff. 01/18

This application is for ad valorem tax exemption under Chapter 196, Florida Statutes, for organizations that are organized and operate for one or more of the following purposes: (check all that apply)

- Religious
 Literary
 Charitable
 Scientific
 Sewer water/Wastewater systems
 Educational
 Hospitals, nursing homes, and homes for special services
 Affordable housing / Multi-Family housing
 Other: _____

The application and return must be filed each year with the county property appraiser on or before March 1.

A. General Information

Name of organization									
Mailing address		Physical address, if different							
Business phone		County where property is located							
List all owners of the property and their proportionate interest.									
	____%		____%						
	____%		____%						
Legal description or parcel ID									
1. Is the organization incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is the organization exempt from federal income tax under <input type="checkbox"/> 501(c)(3), I.R.C. <input type="checkbox"/> 501(c)(12), I.R.C., Water, Wastewater Systems, 196.2002, F.S. <input type="checkbox"/> 115(a), I.R.C. of 1954, Sewer and Water, 196.2001, F.S. Provide a copy of the current exemption determination letter from the Internal Revenue Service. If no, what is the form of organization?									
2. Is any of this property rented or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a copy of all active rental and lease contracts for last year.									
3. Owner's statement of full value: <table style="width: 100%; margin-left: 20px;"> <tr> <td style="width: 60%;">Real property</td> <td style="width: 40%; text-align: right;">_____</td> </tr> <tr> <td>Real property improvements</td> <td style="text-align: right;">_____</td> </tr> <tr> <td>Tangible personal property</td> <td style="text-align: right;">_____</td> </tr> </table>				Real property	_____	Real property improvements	_____	Tangible personal property	_____
Real property	_____								
Real property improvements	_____								
Tangible personal property	_____								
4. How is the property used?									
5. Is any portion of the property used for non-exempt purposes? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide a detailed explanation.									

Add pages, if needed.

B. Hospitals, Nursing Homes, and Homes for Special Services Organizations filing for exemption under this category must include the following information in addition to completing sections A & D.

1. Did you possess a valid license under Chapters 395, 400, or part I of Chapter 429, Florida Statutes, on January 1 of this year? Yes No
2. Have you qualified under Section 501(c)(3), United States Internal Revenue Code 1954? Yes No

C. Affordable Housing / Multi-Family Affordable Housing Organizations filing for exemption under this category must include the following information in addition to completing sections A & D.

1. How many units are used to provide affordable housing?
2. As of January 1, have there been at least 15 completed years of the recorded agreement terms on the portion of the affordable housing property for extremely-low, very-low, or low-income limits? Yes No
3. Is the property subject to an agreement with the Florida Housing Finance Corporation? Yes No
4. Is the agreement recorded in the official records of the county? Yes No

D. Attachments You must attach the following information except when applying for exemption as an educational institution.

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

1. If incorporated, a copy of your articles of incorporation
If not incorporated, a copy of your constitution, articles of association, declaration of trust, or other document setting your aims and purposes, including any amendments
2. A statement indicating the salaries, fees, loans, commissions, gratuities, or other compensation of any officer, director, trustee, member, or stockholder of this organization.
3. A statement indicating the guarantee of any loan to or obligation of any officer, director, trustee, member, or stockholder of this organization.
4. Any contracts between the applicant and any officer, director, trustee, member, or stockholder of this organization pertaining to:
 - a. rendition of service
 - b. provision of goods or supplies
 - c. the management of the applicant
 - d. the construction or renovation of the applicant
5. A schedule of the following:
 - a. salaries for the operation of the applicant
 - b. services rendered to the applicant
 - c. supplies and materials used by the applicant
 - d. reserves for repair, replacement, and depreciation of the property of the applicant
 - e. mortgage, lien, and encumbrance payments for the property of the applicant
6. A statement indicating the amounts the applicant charged for its services.
7. A statement indicating to what degree the proceeds of the sale, lease, or other disposition of the applicant's property will inure to the benefit of the organization's members, directors, or officers.

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.

Signature Title Date

The property appraiser may require additional information to determine your eligibility for the exemption requested.

Return to:

Lake County Property Appraiser
Attn: Exemptions Department
320 W. Main St. Suite A
Tavares, FL 32778-3831