



STATEMENT OF GROSS INCOME

Section 196.101(4)(c), Florida Statutes

DR-501A
R. 11/12
Rule 12D-16.002
Florida Administrative Code
Effective 11/12

Date _____

Applicants for the Exemption for Totally and Permanently Disabled Persons, Section 196.101, F.S., must complete, sign, and attach this statement to the exemption application, Form DR-501.

| | | | |
|---|--|----------------------|--|
| Applicant name | | Address of homestead | |
| Parcel ID | | | |
| Name of all other persons living at the homestead | | | |
| 1. | | 5. | |
| 2. | | 6. | |
| 3. | | 7. | |
| 4. | | 8. | |

Gross Income: Include the incomes of all persons above. Attach last year's Federal Income Tax Returns and Wage and Income Statements (W-2) for all persons above.

| HOUSEHOLD GROSS INCOME FOR THE YEAR 20__ | | | |
|--|--|----------------------------------|--|
| Earned income | | Social security benefits | |
| Income from investments | | Veterans Administration benefits | |
| Gains from disposition of appreciated property | | Income from retirement plans | |
| | | Pensions | |
| Interest | | Trusts | |
| Rents | | Estates | |
| Royalties | | Inheritances | |
| Dividends | | Direct and indirect gifts | |
| Annuities | | Other, specify: | |
| TOTAL GROSS INCOME | | | |

I certify this Statement of Gross Income is true and correct to the best of my knowledge.

State of Florida
County of _____

Signature, applicant

This instrument was sworn to and subscribed before me this date, _____, by _____

Date

_____ who is personally known to me or who has produced _____ as identification.

Type of ID

Notary public, signature and seal

Add pages, if needed.