



OFFICE OF THE  
CLAY COUNTY PROPERTY APPRAISER



CCSL  
R. 10/17

**Honorable Roger A. Suggs, CFA, AAS, CCF**  
State-Certified General Real Estate Appraiser RZ2771

**AFFIDAVIT OF PERMANENT RESIDENCY  
FOR AT LEAST 25 YEARS**

Section 196.075(2)(b), Florida Statutes

The execution of this document shall be for the sole purpose of affirming the 25-year minimum residency requirement for the Additional Homestead Exemption for Persons 65 and Older, granted under local ordinance, pursuant to section 196.075(2)(b), Florida Statutes.

File this document along with the Forms DR-501 and DR-501SC with the Clay County Property Appraiser's Office.

Parcel Number: \_\_\_\_\_

Property Owner(s): \_\_\_\_\_

Homestead Address: \_\_\_\_\_ Date of Occupancy: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we attest that I/we have continuously maintained the above-listed property in Clay County, Florida as our permanent residence since the above-listed date of occupancy.

I/we will contact the Clay County Property Appraiser's Office if the status or eligibility of such residency has changed; and will provide any documentation requested by the Property Appraiser's Office to update the property's record information.

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I understand that under section 196.131(2), Florida Statutes, any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to one year, a fine up to \$5,000, or both.

**Under penalties of perjury, I declare that I have read the foregoing application and the facts in it are true.**

\_\_\_\_\_  
Signature, applicant

\_\_\_\_\_  
Signature, co-applicant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Date \_\_\_\_\_ Phone \_\_\_\_\_

Date \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_  
Signature, property appraiser or deputy

\_\_\_\_\_  
Date