



AD VALOREM TAX EXEMPTION APPLICATION AND RETURN HOMES FOR THE AGED

DR-504HA
N. 11/01

Section 196.1975, Florida Statutes

This form must be signed and returned on or before March 1.

For use by nonprofit homes for the aged for exemption

Organization		Facility name	
Mailing address		Facility address, if different	
Phone		Phone	
Legal description or parcel ID			
<p>1. Is the applicant a corporation pursuant to Chapter 617, F.S.? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, please provide a copy of its designation letter from the Secretary of State.</p> <p> If yes, is the corporation exempt from federal income tax under 501(c)(3), Internal Revenue Code? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide a copy of the current exemption determination letter from the Internal Revenue Service.</p> <p> Is the applicant a Florida limited partnership, of which the sole general partner is a corporation pursuant to Chapter 617, F.S. and exempt from federal income tax under 501(c)(3), I.R.C.? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide a copy of the current exemption determination letter from the Internal Revenue Service, and a copy of its acknowledgement letter from the Secretary of State.</p> <p> If the applicant is neither of the above, what form is the organization? _____</p>			
<p>2. Do you provide any of the following: Medical facilities? <input type="checkbox"/> yes <input type="checkbox"/> no Nursing services? <input type="checkbox"/> yes <input type="checkbox"/> no Assisted living facility (Chapter 439, F.S.)? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, did you have a valid license granted by the Agency for Healthcare Administration on January 1 of this year? <input type="checkbox"/> yes <input type="checkbox"/> no</p>			
<p>3. Owner's statement of full value: Real property _____ Real property improvement _____ Tangible personal property _____</p>			
<p>4. Is any of this property rented or leased to other than residents? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, attach a copy of all active rental and/or lease contracts last year.</p>			
<p>5. Portion of property used exclusively to conduct religious services and nursing or medical services _____%</p>			
<p>6. Is any portion of the above property used for non-exempt purposes? If yes, attach a detailed explanation. <input type="checkbox"/> yes <input type="checkbox"/> no</p>			
<p>7. Number of units and apartments in home, excluding units accounted for in number 4 above _____</p>			
<p>8. Number of units and apartments that qualify for exempt status under s.196.1975(4), F.S. See instructions. _____</p>			
<p>9. Percent of the units and apartments that are exempt (8 divided by 7) _____% <small>This same percentage applies to common areas, which qualify for an exemption as provided under s. 196.1975(12) unless 25% or more of the units or apartments are exempt which would result in a total exemption for common areas as provided for in s. 196.1975 (8)</small></p>			
<p>10. Number of units or apartments qualifying for the \$25,000 exemption under s. 196.1975(9)(a), F.S., other than those units exempt under s. 196.1975(3) and (4), F.S. _____</p>			

I understand that the property appraiser may require supplemental and additional information, other than the application, and I am willing to comply with any reasonable request to furnish this information, related to requirements in s. 196.1975, F.S.

Under penalties of perjury, I declare that I have read this application and all information on this form and any attachments is true and correct.

 Signature _____ Title _____ Date

INSTRUCTIONS

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In addition to the general requirements specified in this application, in order for a rental unit or apartment to qualify as exempt under s. 196.1975(4), F.S., the following classes of persons must have a gross income of not more than that provided in s. 196.1975, F.S.

1. Persons that are age 62 years of age or older
2. Persons that are totally and permanently disabled
3. Couples, one of whom must be 62 years old or older
4. Couples, one or both of whom are totally and permanently disabled

ATTACHMENTS

You must attach the following information.

1. A copy of the applicant's corporate acknowledgment letter from the Secretary of State
2. A copy of the applicant's current non-profit Uniform Business Report (UBR) filed with the Secretary of State
3. A copy of the applicant's 501(c)(3) designation letter from the Internal Revenue Service
4. If the applicant is licensed as a nursing facility or assisted living facility, a copy of its license from the Agency for Health Care Administration

WHERE TO FILE: The application must be filed with the county property appraiser in the respective county where the property is located.

WHEN TO FILE: Application must be filed each year on or before March 1.

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