



AD VALOREM TAX EXEMPTION APPLICATION PROPRIETARY CONTINUING CARE FACILITY

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

Section 196.1977, Florida Statutes

File this form with the county property appraiser in the county where the facility is by **March 1** of each year.

Organization name			
Mailing address		Address of property, if different	
Phone		County of facility	
Property owner			
Parcel ID or legal description			
<p>Was the organization certified under Chapter 651, F.S., as of January 1 of the year applied for? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, provide a copy of the certification.</p> <p>Is the organization qualified for an exemption under section 196.1975, F.S., or other exemptions? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>Number of units and apartments that qualify for \$25,000 exemption under s. 196.1977(1)(2), F.S. _____</p> <p>Number of units and apartments in the facility _____</p> <p><input type="checkbox"/> I have included an affidavit for each eligible resident of a qualified unit.</p>			

I understand as owner, I must disclose to a qualified resident the amount of the benefit and how he or she will receive it. I affirm the resident will receive the full benefit from this exemption in either an annual or monthly credit to his or her unit's monthly maintenance fee. If a resident later qualifies for the exemption, I will disclose the same information.

I certify all information on this form and any attachments is true and correct as of January 1 of this year to the best of my knowledge.

Signature _____ Print name _____ Date

Title

INSTRUCTIONS

To apply for this exemption, a proprietary continuing care facility must:

- ♦ be certified under Chapter 651, F.S.
- ♦ not qualify for an exemption under section 196.1975, F.S., or similar exemption, on January 1 of the year applied for.

For each qualifying unit, on January 1 the resident must:

- ♦ hold a continuing care contract under Chapter 651, F.S.
- ♦ reside in and make the unit his or her permanent home
- ♦ not be eligible for any other homestead exemption
- ♦ file an affidavit with the facility.

Include an affidavit (sample on page 2) for each qualifying residents with this application.

INDIVIDUAL AFFIDAVIT FOR AD VALOREM TAX EXEMPTION

PROPRIETARY CONTINUING CARE FACILITY
Section 196.1977, F.S.

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State of Florida
County of _____

COMPLETED BY EACH RESIDENT

Resident name _____ Tax Year 20__

Facility name _____ Unit. number _____

Did you live in this unit on Jan. 1 of the tax year and consider it your permanent home? yes No

Do you have a continuing care contract as defined in Chapter 651, F.S.? yes No

Have you claimed homestead exemption on any other property for the current year? yes No

Did you file for tax exemptions last year? yes No

If yes, where _____

If no, your last year's address _____

I swear the above is true and correct. I understand that by applying for this exemption as a resident of a proprietary continuing care facility, I may not claim any other homestead exemption for this tax year.

Signature, resident _____
Date

State of Florida
County of _____

This statement was sworn and subscribed before me this date, _____ by _____
who is personally known to me or who has produced _____ as type of identification.

Notary Public Signature and Seal

NOTICE TO RESIDENT

This facility must tell you how much they will save in taxes from this exemption. The facility must lower your maintenance fee by the full amount. They must lower your fee every month, or lower your fee one time for the entire year.

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 1 year or a fine up to \$ 5,000, or both, see Section 196.131(2), F.S.