



**ORIGINAL APPLICATION FOR ASSESSMENT REDUCTION FOR
LIVING QUARTERS OF PARENTS OR GRANDPARENTS**

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

Section 193.703, Florida Statutes

New Change Addition Renewal

Due to the property appraiser by **March 1**.

County		Parcel ID		Tax year 20	
Applicant		Co-applicant			
Phone #		Email			
Address		Legal description			
Describe the construction or reconstruction for the living quarters					
Completion date of living quarters				Did you get a building permit? <input type="checkbox"/> yes <input type="checkbox"/> no	

Parents or Grandparents Living on the Property		(At least one must be age 62 or over)	
Name			
Marital status		<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced	
Age 62 or older?		<input type="checkbox"/> yes <input type="checkbox"/> no If yes, date of birth _____ Proof of age	
Relationship to owner			
Address last year			
Did this person file tax exemptions last year?		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	

Proof of Residence		Parent/grandparent 1	Parent/grandparent 2
Last became a permanent resident of Florida		Date	Date
Occupied applicant's homestead on		Date	Date
Florida driver license number		#	#
Florida vehicle tag number		#	#
Florida voter registration number, if US citizen		#	#
Declaration of Domicile residency date		Date	Date
Current employer			
Address on last IRS return			
Addresses of parents/ grandparents not residing on the property			

Any person who makes a willfully false statement in this application will have the reduction revoked, be subject to a penalty of up to \$1,000, and be disqualified from receiving this reduction for 5 years. (s. 193.703, F.S.)

I authorize the property appraiser to obtain information to determine my eligibility for this assessment reduction. I certify that each parent or grandparent above resided primarily on the property on January 1 and does not claim homestead exemption in Florida or residence-based exemption or tax benefit in another state. I am a permanent resident of the State of Florida. I own and occupy the property. I certify that I have read this application and the facts in it are true.

Signature, applicant	Date	Signature, qualifying parent/grandparent 1	Date
Signature, co-applicant	Date	Signature, qualifying parent/grandparent 2	Date

First Name: _____

Last Name: _____

Add/Update email address:

Submitting my email address allows for communication about my property in addition to receiving regular updates from the Broward County Property Appraiser's office in regards to updated tax information, exemptions, or any other pertinent information that may relate to my property.