

APPLICATION FOR HOMESTEAD TAX DISCOUNT

Veterans Age 65 and Older with a Combat-Related Disability

DR-501DV R. 12/12 Rule 12D-16.002, F.A.C. Eff. 12/12 Provisional

Section 196.082, Florida Statutes

	Yes	No
 Were you honorably discharged from military service?* 		
 Is a portion of your service-connected disability combat related?* 		
 Do you currently have a homestead exemption in this county?* 		
If not, have you applied for homestead exemption?		

*If you answered "**No**" to the questions above, **STOP** you do not qualify. Do not submit this form.

*If you answered "Yes" to the questions above, sign and submit the form by March 1, with the required documents, to the property appraiser in the county of your homestead.

Parcel ID	Co	ounty		
Name	Da	ate of birth		
Mailing address	ad	nysical Idress, if fferent		
Phone	Pe	ercent of se	rvice-connected disability %)

Provide the documents below to the property appraiser.		
Copy of honorable discharge papers (example: DD Form 214)		
Copy of the rating decision letter from the US Department of Veterans Affairs		
• Evidence from the US Department of Veterans Affairs or military branch identifying the portion of the disability that is combat related, if not included in the rating decision letter		
Proof of age 65 as of January 1 of current tax year		
Signature, applicant Print name	Date	
Signature, deputy property appraiser Date		