

APPLICATION FOR HOMESTEAD TAX DEFERRAL



PROPERTY IDENTIFICATION NO.

I HEREBY MAKE APPLICATION TO DEFER PAYMENT OF A PORTION OR ALL OF THE COMBINED TOTAL OF AD VALOREM TAXES AND ANY NON-AD VALOREM ASSESSMENTS WHICH WOULD BE COVERED BY A TAX CERTIFICATE SOLD UNDER CHAPTER 197, FLORIDA STATUTES FOR 19 _____.

IN CONNECTION WITH THIS APPLICATION, I HEREBY AGREE TO SUBMIT COPIES OF MY FEDERAL INCOME TAX RETURNS FOR THE PRIOR YEAR OR OTHER DOCUMENTS, AS MAY BE REQUIRED, FOR EACH MEMBER OF THE HOUSEHOLD, NOT INCLUDING PERSONS BOARDING OR RENTING A PORTION OF THE ABOVE UPON WHICH APPLICATION IS MADE.

APPLICANT _____

DATE OF BIRTH _____

PROPERTY ADDRESS _____

MAILING ADDRESS _____

PROPERTY DESCRIPTION _____

PHONE NUMBERS _____

CURRENT VALUE OF PRIMARY MORTGAGE OUTSTANDING ON THE HOME \$ _____ AND OTHER OUTSTANDING LIENS ON THE HOMESTEAD \$ _____ \$ _____ \$ _____

ANNUAL GROSS INCOME FOR ALL HOUSEHOLD MEMBERS BASED ON FEDERAL INCOME TAX RETURN \$ _____

ANNUAL GROSS INCOME FOR ALL HOUSEHOLD MEMBERS IF NO FEDERAL INCOME TAX RETURN FILED \$ _____

OTHER INCOME _____

NUMBER OF HOUSEHOLD MEMBERS _____

I UNDERSTAND THAT I SHALL FURNISH PROOF OF FIRE AND EXTENDED COVERAGE INSURANCE IN THE AMOUNTS WHICH IS IN EXCESS OF THE SUM OF ALL OUTSTANDING LIENS, DEFERRED TAXES, NON-AD VALOREM ASSESSMENTS AND INTEREST WITH A LOSS PAYABLE CLAUSE TO THE COUNTY TAX COLLECTOR.

I, THE UNDERSIGNED, HEREBY SWEAR THAT THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.

FOR TAX COLLECTOR'S USE ONLY

PART ONE

DO NOT COMPLETE PART ONE IF ENTIRE AMOUNT IS DEFERRED.

- 1) Total Taxes Due Before Discount \$
2) Less Annual Cross Income 3 or 5% \$
3) Total Deferred Taxes (1 - 2) \$
4) Total Undeferred Taxes (1 - 3) \$
5) Less Applicable Discount \$
6) Total Due and Payable (4 - 5) \$

PART TWO

- 1) Total Deferred Taxes \$
2) Interest - prior Year (s) \$
3) All Other Unsatisfied Liens Including Primary Mortgage Outstanding \$
4) Total (1 + 2 + 3) \$
5) Assessed Value \$
6) % (4 ÷ 5) % (Cannot exceed 85%)
7) Total Primary Mortgage Outstanding \$
8) % (7 ÷ 5) % (Cannot exceed 70%)

APPLICATION APPROVED [] DISAPPROVED []

SIGNATURE _____ DATE _____

BY _____

STATE OF FLORIDA

COUNTY OF _____

The following instrument was sworn to and subscribed before me this date _____

(DATE)

by _____ who is personally known to me or who has produced _____ as identification. (TYPE OF ID)

Applicant Signature

Date

Notary Public Signature and Seal