

Certificate of Trust

It is hereby certified that I am/we are the Beneficiary(ies)/Homestead Applicant(s):

(Print name) (Applicant 1) (Print name) (Applicant 2)

and I am/we are entitled to the use and occupancy of the following real property for my/our lifetime(s) under the terms of the:

(NAME OF TRUST) – This must match the Trust name on current deed.

Date of Trust ____/____/____; and therefore have sufficient equitable title to claim an entitlement to homestead exemption pursuant to Section 196.041(2), Florida Statutes and Chapter 12D-7.011 Florida Administrative Code.

Applicant 1 – Social Security #: _____ Email: _____
(Last 4-digits only)

Applicant 2 – Social Security #: _____ Email: _____
(Last 4-digits only)

Location Address: _____

Municipality: _____

Parcel Control Number: _____

Please refer to the Property Detail section on our website www.pbcypo.gov, for your property, to obtain the Location Address, Municipality, and Parcel Control Number. This information is to ensure Homestead Exemption is on the correct property.

I understand that under section 196.131 (2), F.S., 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 one year, a fine up to \$5,000, or both.

I certify all information on this form and any attached statements, schedules, etc., are true and correct to the best of my knowledge as of January 1 of this year.

Applicant 1 – Signature: _____ Date: _____

Applicant 2 – Signature: _____ Date: _____

Note: If more than two beneficiary(ies), please attach additional *Certificate of Trust*. Additional forms are available on our website: www.pbcypo.gov. Please contact our office at (561) 355-2866 for any questions regarding this form.

Return completed form to: pa-trust@pbcypo.gov.