



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

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

County		Parcel ID		Tax year 20	
Applicant		Co-applicant			
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		

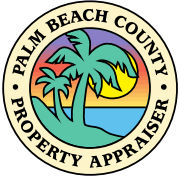
Parents or Grandparents Living on the Property		(At least one must be age 62 or over)
Name		
Marital status		
Age 62 or older?		
Relationship to owner		
Address last year		
Did this person file tax exemptions last year?		

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



DOROTHY JACKS
CFA, AAS
Palm Beach County Property Appraiser

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West Palm Beach, FL 33401
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pbcgov.org/papa

**GRANNY FLAT APPLICATION
FIELD INSPECTION - CONSTRUCTION INFORMATION**

Name: _____

Property Control Number: _____

A physical inspection of the interior and exterior of the property will be required to complete the application for the Granny Flat benefit. We ask that the following information be made available to our office as a part of the application.

DESCRIPTION OF ALL WORK COMPLETED FOR THE PARENT OR GRANDPARENT:

Please describe the work completed for the Granny Flat living area including interior and exterior renovations and any new construction. If you have made additions to the building or added new buildings please describe the changes in detail.

[Empty text box for describing work completed]

DOCUMENTATION SUPPORTING THE WORK COMPLETED:

Please provide supporting documentation for the changes noted above along with the following:

When did the work begin? Date: _____

When was the work completed? Date: _____

How much did the work cost? Cost: _____

- Contractors Cost Specifications
- Permits for construction or reconstruction
- Certificate of Completion for all work related to this exemption.

* Plans and Specifications - May be required at a later date

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SERVICE CENTER**
2976 State Road 15
Belle Glade, FL 33430
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**NORTH COUNTY
SERVICE CENTER**
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Palm Beach Gardens, FL 33410
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**MID-WESTERN COMMUNITIES
SERVICE CENTER**
200 Civic Center Way, Suite 200
Royal Palm Beach, FL 33411
tel 561.784.1220
fax 561.784.1241

**SOUTH COUNTY
SERVICE CENTER**
14925 Cumberland Drive
Delray Beach, FL 33446
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