



**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		

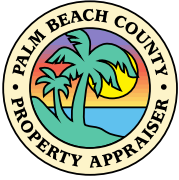
Parents or Grandparents Living on the Property		(At least one must be age 62 or over)	
Name			
Marital status		<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> married <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 _____ <input type="checkbox"/> yes <input type="checkbox"/> no If yes, date of birth _____	
Relationship to owner		Proof of age	
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



DOROTHY JACKS
CFA, AAS
Palm Beach County Property Appraiser

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301 North Olive Avenue
West Palm Beach, FL 33401
tel 561.355.3230
fax 561.355.3963
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.

DOCUMENTATION SUPPORTING THE WORK COMPLETED:

Please provide supporting documentation for the changes noted above. It is to your benefit to provide as much documentation as possible. You may provide the following:

- When did the work begin? Date: _____
- Permits for construction or reconstruction
- Plans and Specifications
- Contractors cost specifications, Paid Invoices
- How much did the work cost? Cost: _____
- When was the work completed? Date: _____
- Please provide a Certificate of Completion for all work related to this exemption.

WEST COUNTY SERVICE CENTER
2976 State Road 15
Belle Glade, FL 33430
tel 561.996.4890
fax 561.996.1661

NORTH COUNTY SERVICE CENTER
3188 PGA Blvd., Suite 2301
Palm Beach Gardens, FL 33410
tel 561.624.6521
fax 561.624.6565

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
tel 561.276.1250
fax 561.276.1278