



STATEMENT OF GROSS INCOME

DR-501A
R. 11/12
Rule 12D-16.002
Florida Administrative Code
Effective 11/12

Section 196.101(4)(c), Florida Statutes

Date _____

Applicants for the Exemption for Totally and Permanently Disabled Persons, Section 196.101, F.S., must complete, sign, and attach this statement to the exemption application, Form DR-501.

Applicant name		Address of homestead	
Parcel ID			
Name of all other persons living at the homestead			
1.		5.	
2.		6.	
3.		7.	
4.		8.	

Gross Income: Include the incomes of all persons above. Attach last year's Federal Income Tax Returns and Wage and Income Statements (W-2) for all persons above.

HOUSEHOLD GROSS INCOME FOR THE YEAR 20__			
Earned income		Social security benefits	
Income from investments		Veterans Administration benefits	
Gains from disposition of appreciated property		Income from retirement plans	
		Pensions	
Interest		Trusts	
Rents		Estates	
Royalties		Inheritances	
Dividends		Direct and indirect gifts	
Annuities		Other, specify:	
TOTAL GROSS INCOME			

I certify this Statement of Gross Income is true and correct to the best of my knowledge.

State of Florida
County of _____

Signature, applicant

This instrument was sworn to and subscribed before me this date, _____, by _____

Date

_____ who is personally known to me or who has produced _____ as identification.

Type of ID

Notary public, signature and seal

Add pages, if needed.