

# Declaration of Homestead - Real Property and Personal Information Form

Includes Initial Property Tax Exemption and Value Adjustment Board Appeal Information Requirements

Florida Homestead Services, LLC

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Fill in this form, save it to your computer, then print, mail via postal service, fax or e-mail it to [myhomestead@bellsouth.net](mailto:myhomestead@bellsouth.net)

CHECK APPROPRIATE BOX :

- New Application - \* Please complete all applicable sections \*  
 Change - complete only applicable section(s) for the following changes:  
 Client Information Change  Phone No. Change  E-mail Change  Mailing Address Change-Effective date: \_\_\_\_\_  Alternate Contact Information Change
- APPLICANT STATUS :  
 Owner  Administrator  Attorney/Trustee  Other Professional \_\_\_\_\_  
 Spouse  Agent  Title Co.  Broker/Realtor

**SECTION 1. Note: All information provided herein is strictly CONFIDENTIAL and only available to view by company service agents or property appraiser employees and will not be given to any other person or agency.**

## HOMEOWNER(S) INFORMATION PLEASE PRINT LEGIBLY \*ALL FIELDS REQUIRED FOR THIS SECTION\*

Name - Applicant 1: \_\_\_\_\_ Owner Name(s) \_\_\_\_\_  
(Last, First, Middle - Full Name. No initials please) (Only if property is owned under another entity, name or a Trust)  
Spouse/Applicant 2: \_\_\_\_\_  
(Last, First, Middle - Full name. No initials please) Status as of Jan 1<sup>st</sup>:  Married  Separated  Divorced  Widowed  Single  
Name(s) that appears on mortgage and real property deed \_\_\_\_\_  Same as above  
(If only under another name other than original applicant or owner(s))  
E-Mail Address: \_\_\_\_\_ Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_  Home  Work  Mobile  Fax  Other  
Primary Residence Address: \_\_\_\_\_ Is this also your mailing address?  Yes  No (If no, see below)  
City \_\_\_\_\_ County \_\_\_\_\_ State FLORIDA Zip + 4 \_\_\_\_\_ --  
Mailing Address-Same as above?  Yes  No If no, City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip + 4 \_\_\_\_\_ --  
Alternate Phone ( \_\_\_\_\_ ) \_\_\_\_\_  Home  Work  Mobile  Fax  Other

## ALTERNATE CONTACT INFORMATION (Optional or If Applicable)

Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Contact Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Alternate Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_  
E-Mail Address \_\_\_\_\_ Does Alternate Contact Have Power Of Attorney?  Yes  No

## SECTION 2. You must complete this section only if applicable, if you are protecting your home equity from a judgment

### JUDGMENT/LEGAL INFORMATION - CONTEST OF LIEN See Section 5

Have you ever participated or currently in a lawsuit regarding a judgment or foreclosure?  Yes  No If "yes", check all that apply

Have you ever received or is there currently a notice of lien against your real property?  Yes  No If "yes", check all that apply

- Judgment or Foreclosure Action\* \_\_\_\_\_ Court Name \_\_\_\_\_ Date of Judgment \_\_\_\_\_ Case Number \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_
- Code Enforcement Lien \* \_\_\_\_\_ Town, City or County Name \_\_\_\_\_ Date of Lien(s) \_\_\_\_\_ / \_\_\_\_\_ Public Record BOOK / PAGE \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_
- Judgment Creditor, Lien or Other\* \_\_\_\_\_ Lienor Name \_\_\_\_\_ \$ \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_ Public Record BK / PG \_\_\_\_\_
- \_\_\_\_\_ Address of Entity Checked Above \_\_\_\_\_ City, State, Zip \_\_\_\_\_ \*Describe: \_\_\_\_\_

Are you willing to send a notice to all judgment creditors to contest any lien against your real property after filing for Homestead protection by law (Notice will be given to judgment creditors if you desire, and judgment creditor must initiate suit for foreclosure, enforcement or collection proceedings within 45 days)?  Yes (Y)  No (N) If no, please explain: \_\_\_\_\_

Do you receive, or have you received any legal notices at the primary residence address in Section 1?  Yes (Y)  No (N)  
If yes, what is it that you have received pertaining to the above? \_\_\_\_\_

## SECTION 3. HOMESTEAD PROPERTY TAX AND LEGAL EXEMPTION ELIGIBILITY

**\*All Information mandatory\***

Date That Applicant 1 began Permanent Residency in Florida \_\_\_\_/\_\_\_\_/\_\_\_\_ How Many Years Lived In Florida? \_\_\_\_ Years  
Month Day Year

Date That Applicant 1 began actually occupying the Primary Residence (Sec. 1 Address) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Date That Applicant 2 began Permanent Residency in Florida \_\_\_\_/\_\_\_\_/\_\_\_\_ How Many Years Lived In Florida? \_\_\_\_ Years  
Month Day Year

Date That Applicant 2 began actually occupying the Primary Residence (Sec. 1 Address) \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Do your Utility Bills show the Sec. 1 Address?

Does your Bank Account(s) show the Sec. 1 Address?

There are other encumbrances or liens against the real property as described in Section 1 and 2. Describe: \_\_\_\_\_

There are NO other encumbrances or liens against the real property as described in Section 1 and 2.

Is your home covered by a Condominium, Homeowner's Association, covenant, declaration or contract?  Yes  No

If yes; are there any current unpaid special assessments or liens?  Yes  No

**TAX ID, PARCEL OR FOLIO NUMBER OF PRIMARY RESIDENCE (If Known)** \_\_\_\_\_

**FULL, COMPLETE LEGAL DESCRIPTION OF PRIMARY RESIDENCE (If Known)** \_\_\_\_\_

**WAGE AND EARNINGS EXEMPTION ELIGIBILITY (ONLY IF YOU ARE CURRENTLY DEFENDING A JUDGMENT OR LIEN):**

Would you like to claim your wages and earnings exempt from garnishment (and request a hearing if required)?  Yes  No

I provide more than one-half of the support for a child or any other dependent and have net earnings of \$750 or **less** per week.

I provide more than one-half of the support for a child or any other dependent and have net earnings of \$750 or **more** per week.

Are you willing to agree in writing to allow garnishment of your exempt wages of \$750 or **more**, if requested?  Yes (Y)  No (N)

Dependent Status:  Spouse  Child(ren)  Adult Dependent  Other Legal Dependent \_\_\_\_\_

Wages-Earnings Status:  Hourly  Salary  Commission  Bonus  Other \_\_\_\_\_

Would you like to claim any other type of income exempt from garnishment and request a hearing (if required)?  Yes  No

Type of exempt Income you wish to protect  Social Security  Supplemental Security Income Benefits  Public Assistance - Welfare  Worker's Compensation  Unemployment Compensation  Veteran's Benefits  Retirement, Profit Sharing or Pension  Disability Income  Pre-paid College Trust Fund  Medical Savings Account  Life Insurance Benefits, Cash Surrender Value of a Life Insurance policy or proceeds of an Annuity contract  Other exemption provided by law: \_\_\_\_\_

**SECTION 3A. PROOF OF FLORIDA RESIDENCY**

**\*All Information mandatory\***

Are you a US Citizen?  Yes (Y)  No (N) Are you a legal or permanent Visa Immigrant or Green Card holder? Owner 1)  Yes (Y)  No (N) If yes, Immigration Number: \_\_\_\_\_ Owner 2)  Yes (Y)  No (N) If yes, Immigration Number: \_\_\_\_\_

Are you a resident of the State of Florida, exclusive of any other US state, as of January 1<sup>st</sup> this current year?  Yes (Y)  No (N)

If you are a new Florida resident this year, or moved to another home in Florida, what was your previous home address?

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you currently live in, reside on and physically occupy the home specified in Section 1 as a primary residence in Florida, and as of (or before) **January 1<sup>st</sup>** this current year?  Yes (Y)  No (N) If no, what was your address before moving into this property?

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is the Florida real property home/address as stated above and in Section 1 your only permanent primary residence, and do you currently reside on this property permanently as a sole and primary residence, exclusive of all others?  Yes (Y)  No (N)

Do you rent/lease any portion of the property in Sec. 1?  Yes (Y)  No (N) If yes, for how many days or Sq. Ft. each year? \_\_\_\_\_

Do you own any other residential property in Florida?  Yes (Y)  No (N) If yes, is it rented?  Yes (Y)  No (N) If not rented, do you claim any exemption(s) on the other property?  Yes (Y)  No (N) If yes, what? \_\_\_\_\_

Have you ever filed a 'Declaration of Domicile' in the State of Florida?  Yes (Y)  No (N)

If yes, on what date? \_\_\_\_\_ Which county: \_\_\_\_\_ Official Records Book No: \_\_\_\_\_ Page No: \_\_\_\_\_

If NOT a *permanent* Florida resident, are you a seasonal resident?  Yes (Y)  No (N)

If yes, for how many months or days each year? \_\_\_\_\_  Months \_\_\_\_\_  Weeks \_\_\_\_\_  Days

Do you intend to remain on the property stated in Section 1 as a sole, primary residence exclusive of all others?  Yes (Y)  No (N)

Current Property Tax Assessors Value of Residence: \_\_\_\_\_ Current Market Value of Residence: \_\_\_\_\_

Do you have children who attend school in Florida?  Yes (Y)  No (N) School name: \_\_\_\_\_ City: \_\_\_\_\_

Do you own other real property in Florida or in another state?  Yes (Y)  No (N) If yes, is it a rental property?  Yes (Y)  No (N)

Do you claim a homestead or other exemption (ex.: NY STAR) in any other state?  Yes (Y)  No (N) If yes, where: \_\_\_\_\_

Florida Voter's Registration Number: Owner 1) \_\_\_\_\_ County \_\_\_\_\_ Date issued: \_\_\_\_\_

Owner 2) \_\_\_\_\_ County \_\_\_\_\_ Date issued: \_\_\_\_\_

Florida Driver's License Number: Owner 1) \_\_\_\_\_ Date issued: \_\_\_\_\_ Owner 2) \_\_\_\_\_ Date issued: \_\_\_\_\_

Do you or your spouse possess a driver's license from another state?  Yes (Y)  No (N)

Please list all vehicle tag numbers for all vehicles registered in Florida: \_\_\_\_\_

Do you or your spouse own any vehicles registered or license tag in another state?  Yes (Y)  No (N)

Did you file a Federal Income Tax return in Florida from the address in Section 1 last year?  Yes (Y)  No (N) If no, what address did you file your return from? Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: Owner 1) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Owner 2) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Month Day Year Month Day Year

Social Security Number (required by law for any tax exemption): Owner 1) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_ Owner 2) \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Employment Status: Owner 1:  Employed Yes (Y)  No (N)  Retired Owner 2:  Employed Yes (Y)  No (N)  Retired

Owner 1 Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Owner 2 Employer: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**SECTION 3B. PROPERTY APPRAISER INFORMATION - Complete this section if applicable**

What is the date of ANY letter of denial, revocation or tax lien received by the County Property Appraiser? \_\_\_\_\_  
What is the reason(s) for denial/revocation of the homestead exemption? \_\_\_\_\_  
Please provide a brief explanation of the circumstances surrounding your issue(s) regarding to the denial of exemption: \_\_\_\_\_  
Please provide us a copy of the letter of denial or lien by the Property Appraiser  
Are you willing to certify the information given herein under oath?  Yes  No If no, please explain why: \_\_\_\_\_

**SECTION 4. Applicant should complete this section to be used solely for determination of additional exemption(s) eligibility**

**DEMOGRAPHIC INFORMATION**

Additional Background – Owner 1:  
 White  Asian or Pacific Islander Sex:  
 Black  American Indian or Alaskan Native  Male (M)  
 Hispanic  Other \_\_\_\_\_  Female (F)  
Senior Citizen?  Yes (Y)  No (N)  
U.S. Citizenship Marital Status Veteran Status:  
 Yes (Y)  Married (M)  Not Applicable  Newly Separated Veteran  
 No (N)  Single (S)  Vietnam Era Veteran  Other Eligible Veteran  
 Disabled Veteran (Y)

Additional Background – Owner 2:  
 White  Asian or Pacific Islander Sex:  
 Black  American Indian or Alaskan Native  Male (M)  
 Hispanic  Other \_\_\_\_\_  Female (F)  
Senior Citizen?  Yes (Y)  No (N)  
U.S. Citizenship Marital Status Veteran Status:  
 Yes (Y)  Married (M)  Not Applicable  Newly Separated Veteran  
 No (N)  Single (S)  Vietnam Era Veteran  Other Eligible Veteran  
 Disabled Veteran (Y)

**SECTION 5. All clients must complete this section if a contract for sale or a loan is pending on a property which has a lien or judgment against it if you wish to be able to sell the property or close on the loan after a 45 day to 180 day time period**

Are you currently attempting to sell the real property?  Yes  No If yes, is there a pending contract or loan on the property?  
 Yes  No (Fully describe the contract of sale or loan commitment by date, names of parties, date of anticipated closing, and amount. The name, address, and telephone number of the person conducting the anticipated closing must be set forth herein as additional legal issues may be performed to allow the closing or sale to continue unencumbered and on schedule)  
Contract Date: \_\_\_\_\_ Buyer Names: \_\_\_\_\_ Closing Date: \_\_\_\_\_ Sale Amount: \_\_\_\_\_  
Name, Address and Phone Number of Title Agent/Closing Agent: \_\_\_\_\_  
Name, Address and Phone Number of Realtor/Sales Agent: \_\_\_\_\_  
Is the creditor(s) the same as described in Section 2?  Yes  No If no, Name, Address and Phone Number of Creditor or Agent: \_\_\_\_\_

**SECTION 6. All clients and agents must complete this section**

**ORDER, PAYMENT AND AUTHORIZATION INFORMATION**

Homestead Protection/Tax Exemption Services  Value Adjustment Board Appeal Services  Other \_\_\_\_\_  
Type of Payment:  Cash  Check or Money Order (Enclosed)  [Credit/Debit Card/Other/PayPal](#) (Click)  
[CLICK HERE TO MAKE A PAYMENT ONLINE](#) (Click) Amount of Payment (US Funds Only): \_\_\_\_\_  
PLEASE REMIT CHECK PAYMENT TO ADDRESS ON TOP OF PAGE 1 or [CLICK HERE](#) TO SUBMIT AN ONLINE PAYMENT

**NOTICE OF AUTHORIZATION**

I voluntarily elect and authorize Florida Homestead Services, LLC to initiate the homestead tax exemption; VAB appeal and/or protection process by law, as provided by Florida Homestead Services, LLC or its agent(s) utilizing the information provided herein. I understand that the process will begin within a 7 day period, only after receipt of full payment, and this fully completed enrollment application. Document filings may be slightly delayed by the Clerk of the Court/Office of the County Recorder based upon the times required to post public filings between acceptance and actual recordation. The following may be provided to you; Florida Department of Revenue forms, Notice of Appeal Form, Limited Power of Attorney, Affidavits, Authorization Waiver, Release of Claims, Non-Disclosure/Company-Client, Consultation Agreements, and others, all provided separately which must be executed by law prior to any services being rendered.

I acknowledge that all information provided herein is true, complete and correct, and authorize Florida Homestead Services, LLC to utilize the same for purposes set forth in any agreement: **To sign your name in the below section(s) electronically, enter your last name and the last 4 digits of your social security number.**

\_\_\_\_\_  
Signature of Applicant Owner 1 Printed Name Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
\_\_\_\_\_  
Signature of Applicant Owner 2 Printed Name Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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