



## STATE BENEFIT VERIFICATION FORM

I/We have applied for the Florida Homestead Exemption on the property referenced below  
for the \_\_\_\_\_ tax year

PARCEL ID \_\_\_\_\_ APP ID \_\_\_\_\_

APPLICANT(S): \_\_\_\_\_  
Please Print Please Print

SIGNATURE(S) \_\_\_\_\_

DATE \_\_\_\_\_

I/We currently do not receive a residency-based property tax exemption or other  
benefit for the \_\_\_\_\_ tax year as of January 1, \_\_\_\_\_ on property that I or my  
spouse own at:

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

### FOR OFFICIAL USE ONLY

I certify that the above applicant(s) do not receive a residency-based exemption or  
other benefit on the above referenced property as of January 1, \_\_\_\_\_ for the \_\_\_\_\_  
tax year.

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_