



Mike Wells
Pasco County Property Appraiser

ANNUAL APPLICATION FOR ASSESSMENT REDUCTION OF NEW CONSTRUCTION FOR PARENT(S) OR GRANDPARENT(S) QUARTERS
Pursuant to 193.703, Florida Statutes

TAX YEAR: _____

Parcel Identification Number:	
Property Owner (Applicant) Name:	
Property Owner Mailing Address:	

Describe the construction or reconstruction completed for parent or grandparent quarters:
(Attach separate sheet, if necessary) Please provide copies of permits, Certificate of Occupancy and plans

Proof of Residence:	Occupant 1	H,W,O	Occupant 2	H,W,O
Occupant's Full Name:				
Social Security Number:				
Daytime Telephone Number:				
Date Moved into Living Quarter:				
Florida Driver's License:				
Issue Date on Driver's License:				
Date of Birth:				
Florida Vehicle Tag Number:				
Florida Voter Registration No:				
Immigration No -or- Alien Card:				
Issue Date:				
Declaration of Domicile OR/PG:				
Current Employer:				
Employer address:				
Occupant's IRS return address:				
Do you still own this property?	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you receive Homestead or any other tax benefit(s) last year on any property? If Yes, what was the address? If No, list address where you previously resided	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Relationship to Owner/ Owner's Spouse				

Under penalty or perjury, I declare that I have read and understand the foregoing application including the information printed on the reverse side of this application.

Signature of Property Owner (Applicant) Date

Signature of Property Co-Owner (Applicant) Date

Signature of qualifying Occupant 1 Date

Signature of qualifying Occupant 2 Date

(Review reverse side)

Signature of Deputy Date



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Only construction or reconstruction completed after January 7, 2003 may be granted an assessment reduction, Florida Statute 193.703 (3).

Social Security Disclosure: Disclosure of your Social Security Number is mandatory under F.S. 193.703. The Social Security number will be used to verify taxpayer identity, Homestead Exemption information submitted to property appraisers, and intangible tax information submitted to the Department of Revenue.

If the owner of Homestead property, for which reduction in assessed value has been granted, is found to have made any willfully false statement in the application for the reduction, the reduction shall be revoked, the owner is subject to a civil penalty of not more than \$1,000 and the owner shall be disqualified from receiving any such reduction for a period of 5 years.

If the application is filed and the use of the property or the status or condition of the owner changes so as to change the exempt status of the property, the applicant must notify the Property Appraiser's office promptly, as required by law.

The Property Appraiser's office is authorized to obtain information from any source necessary to determine my eligibility for the reduction applied for. If all information is not received by March 1, my application will be processed for whatever exemption(s) I may qualify for on that date.

The person(s) named on the reverse side of this application are qualified as parent(s) or grandparent(s) and permanently reside on the property as of January 1 of the year this assessment reduction is applied for, and that to my knowledge do not claim Homestead Exemption, residency required exemption or tax benefit elsewhere.