**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 Signature, applicant

County of

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.