



**ORIGINAL APPLICATION FOR ASSESSMENT REDUCTION FOR  
LIVING QUARTERS OF PARENTS OR GRANDPARENTS**

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

Section 193.703, Florida Statutes

New    Change    Addition

Due to the property appraiser by **March 1.**

County		Parcel ID		Tax year 20	
Applicant		Co-applicant			
Address		Legal description			
Describe the construction or reconstruction for the living quarters					
Completion date of living quarters			Did you get a building permit? <input type="checkbox"/> yes <input type="checkbox"/> no		

Parents or Grandparents Living on the Property		(At least one must be age 62 or over)	
Name			
Marital status		<input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> divorced	
Age 62 or older?		<input type="checkbox"/> yes <input type="checkbox"/> no   If yes, date of birth _____ Proof of age	
Relationship to owner			
Address last year			
Did this person file tax exemptions last year?		<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no	

Proof of Residence		Parent/grandparent 1	Parent/grandparent 2
Last became a permanent resident of Florida		Date	Date
Occupied applicant's homestead on		Date	Date
Florida driver license number		#	#
Florida vehicle tag number		#	#
Florida voter registration number, if US citizen		#	#
Declaration of Domicile residency date		Date	Date
Current employer			
Address on last IRS return			
Addresses of parents/ grandparents not residing on the property			

Any person who makes a willfully false statement in this application will have the reduction revoked, be subject to a penalty of up to \$1,000, and be disqualified from receiving this reduction for 5 years. (s. 193.703, F.S.)

I authorize the property appraiser to obtain information to determine my eligibility for this assessment reduction. I certify that each parent or grandparent above resided primarily on the property on January 1 and does not claim homestead exemption in Florida or residence-based exemption or tax benefit in another state. I am a permanent resident of the State of Florida. I own and occupy the property. I certify that I have read this application and the facts in it are true.

Signature, applicant	Date	Signature, qualifying parent/grandparent 1	Date
Signature, co-applicant	Date	Signature, qualifying parent/grandparent 2	Date



**DOROTHY JACKS**  
CFA, AAS  
Palm Beach County Property Appraiser

Governmental Center - Fifth Floor  
301 North Olive Avenue  
West Palm Beach, FL 33401  
tel 561.355.3230  
fax 561.355.3963  
[pbcgov.org/papa](http://pbcgov.org/papa)

**GRANNY FLAT APPLICATION  
FIELD INSPECTION – CONSTRUCTION INFORMATION**

Name: \_\_\_\_\_

Property Control Number: \_\_\_\_\_

A physical inspection of the interior and exterior of the property will be required to complete the application for the Granny Flat benefit. We ask that the following information be made available to our office as a part of the application.

**DESCRIPTION OF ALL WORK COMPLETED FOR THE PARENT OR GRANDPARENT:**

Please describe the work completed for the Granny Flat living area including interior and exterior renovations and any new construction. If you have made additions to the building or added new buildings please describe the changes in detail.

**DOCUMENTATION SUPPORTING THE WORK COMPLETED:**

Please provide supporting documentation for the changes noted above. It is to your benefit to provide as much documentation as possible. You may provide the following:

- When did the work begin? Date: \_\_\_\_\_
- Permits for construction or reconstruction
- Plans and Specifications
- Contractors cost specifications, Paid Invoices
- How much did the work cost? Cost: \_\_\_\_\_
- When was the work completed: Date: \_\_\_\_\_
- Please provide a Certificate of Completion for all work related to this exemption.

**WEST COUNTY SERVICE CENTER**  
2976 State Road 15  
Belle Glade, FL 33430  
tel 561.996.4890  
fax 561.996.1661

**NORTH COUNTY SERVICE CENTER**  
3188 PGA Blvd., Suite 2301  
Palm Beach Gardens, FL 33410  
tel 561.624.6521  
fax 561.624.6565

**MID-WESTERN COMMUNITIES SERVICE CENTER**  
200 Civic Center Way, Suite 200  
Royal Palm Beach, FL 33411  
tel 561.784.1220  
fax 561.784.1241

**SOUTH COUNTY SERVICE CENTER**  
14925 Cumberland Drive  
Delray Beach, FL 33446  
tel 561.276.1250  
fax 561.276.1278