

**ALVIN R. MAZOUREK, CFA**  
**HERNANDO COUNTY PROPERTY APPRAISER**  
**PHONE: (352) 754-4190**

**WEBSITE: [www.hernandocounty.us/pa](http://www.hernandocounty.us/pa)**

◆ **BROOKSVILLE OFFICE** ◆  
20 North Main Street, Room 463  
Brooksville, FL 34601-2893  
Fax: (352) 754-4198  
Homestead Fax: (352) 754-4194

**“Save \$\$Hundreds\$\$ Apply by March 1<sup>st</sup>  
Don’t be the Exception ~  
File for Your Homestead Exemption!”**



*“To Serve & Assess With Fairness”*

◆ **WESTSIDE OFFICE** ◆  
7525 Forest Oaks Boulevard  
Fax: (352) 688-5088  
Address Fax: (352) 688-5060  
▪ **Tangible Properties** ▪  
7509 Forest Oaks Boulevard  
Spring Hill, FL 34606-2400  
Tangible Fax: (352) 688-5087

Key # \_\_\_\_\_

Dear Property Owner:

**Florida Statute 196.202 reads in part...**

**“property to the value of \$500 of every blind person, or totally and permanently disabled person who is a bona fide resident of this state shall be exempt from taxation..”**

If you are disabled, you may be eligible for a \$500 Disabled person’s exemption. In order to receive the exemption for the upcoming Tax Year, you must have a “Physician’s Certification of Total and Permanent Disability” (DR-416) completed by a licensed Florida physician or a letter from the Social Security Administration indicating the date you became disabled. A letter from the U.S. Department of Veterans Affairs may also be acceptable if treated by the VA.

If you are currently receiving a Homestead exemption, please complete the required information on the bottom of this form including your signature and the date. Attach and mail your proof of disability documentation to one of our offices listed above **prior to March 1** of the year filing. Information submitted after March 1 will be considered for the following Tax Year.


Thank you,

Paulette Stearns, CFE  
Director of Public Services & Exemptions

I am a disabled person who is entitled to a \$500 Disability Exemption under Section 196.202, Florida Statutes and I am a permanent resident of Florida.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

 Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_