



APPLICATION AND RETURN FOR HOMESTEAD TAX DISCOUNT

VC-501DV
R. 09/21

Veterans Age 65 and Older

With a Combat-Related Disability and Surviving Spouse

Section 196.082, Florida Statutes

This application is for use by a veteran or their surviving spouse to apply for an ad valorem tax discount on homestead property. Please answer the questions below to see if you qualify.

This discount will carry over to a veteran's surviving spouse if the spouse resides in the same home as the veteran and has not remarried. If the surviving spouse moves to a new home, the spouse must complete page 2 to notify the property appraiser that the discount should be carried over to the new homestead.

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|---|-----|----|
| • Were you honorably discharged from military service?* | Yes | No |
| • Is a portion of your service-connected disability combat related?* | Yes | No |
| • Do you currently have a homestead exemption in this county?* | Yes | No |
| <i>If not, have you applied for homestead exemption?</i> | Yes | No |
| • Are you at least 65 as of January 1 st of the current year?* | Yes | No |

*If you answered 'No' to any questions above, **STOP** you do not qualify. Do not submit this form.

*If you answered 'Yes' to all questions above, sign and submit the form by **March 1st**, with the required documents, to the property appraiser in the county of your homestead.

Parcel ID	Alternate Key
Name	Date of Birth
Spouse's Name	Mailing Address
Phone	Percent of service-connected disability %
Provide the documents below to the property appraiser:	
• Copy of honorable discharge papers (example: DD Form 214)	Check if included
• Copy of rating decision letter from the US Department of Veterans Affairs	
• Evidence from the US Department of Veterans Affairs or military branch identifying the portion of the disability that is combat related, if not included in the rating decision letter.	

I authorize the Volusia County Property Appraiser (VCPA) to contact the Volusia County Veteran Services office (VCVS), to obtain verification of my percentage of service-connected disability, that the disability is combat related, and that I was honorably discharged, through use of the agency's access to U.S Department of Veterans Affairs' databases. I authorize the VCPA to provide such application information to these entities to determine my eligibility for the discount. I further authorize the agency having access to my VA records to disclose such information to the VCPA.

Yes No

Signature, Applicant _____ Date _____

Signature, Deputy Property Appraiser _____ Date _____

<input type="checkbox"/> Approved <input type="checkbox"/> Denied Verified By _____ Date _____
