



# 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:                  |  |
| <b>TOTAL GROSS INCOME</b>                      |  |                                  |  |

I certify this Statement of Gross Income is true and correct to the best of my knowledge.

State of Florida  
County of \_\_\_\_\_

\_\_\_\_\_  
Signature, applicant

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.