

**QUESTIONNAIRE: ADDITIONAL INFORMATION NEEDED FOR
HOMESTEAD APPLICANTS IN NURSING FACILITY, INSTITUTION, ETC.**

In accordance with Florida Statutes, several factors must be considered when determining the eligibility of an individual for Homestead Exemption when he/she has been admitted to a nursing facility.

So that we may complete our evaluation of the Homestead Exemption Application for

_____, whose residence is at
(owners name)

_____, please provide this office
(street address)

with the following information as soon as possible:

1. Date property owner was admitted to the nursing home/institution. _____

2. Name and location of the facility where he/she is currently residing?

3. Is his/her admittance ordered by a physician? YES___ NO___ (If yes, provide documentation.)

4. Is his/her admittance expected to be permanent? _____
If not, what is the estimated date of return to the home? _____

5. Does he/she still maintain this home as his/her permanent residence? _____
Are all his/her belongings still there? _____

6. Is the subject property vacant or is someone residing there? _____
If so, whom? _____
Are they related to the property owner? _____

7. Is the subject property rented or available for rent? _____
If so, dates rented or available? Begin _____ End _____

8. Does he/she still hold a valid Florida Driver License? _____

9. Does he/she own any motor vehicles? _____ If so, in which state(s) are they registered? _____

10. Is he/she registered to vote? _____ If so, in which state? _____

Signature _____ Date _____

Thank you for your cooperation.