



**Statement of Gross Income**  
**Section 196.101(3)(c), Florida Statutes**

DR-501A  
R. 06/94

This statement must be completed and signed by applicants for the Exemption for Totally and Permanently Disabled Persons, Section 196.101, Florida Statutes, and attached to the exemption application.

Name of all persons residing in or upon homestead for which exemption is requested.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gross Income: Include that of all persons listed above. Attach prior year Federal Income Tax Return(s) and Wage and Income Statement(s) (W-2) for all persons listed above.

**Gross Income:**

|   |          |                                  |          |
|---|----------|----------------------------------|----------|
| Earned Income   | \$ _____ | Veterans Administration Benefits | \$ _____ |
| Income from investments                                   | \$ _____ | Income from Retirement Plans     | \$ _____ |
| Gains Derived from Disposition<br>of Appreciated Property | \$ _____ | Pensions                         | \$ _____ |
| Interest  | \$ _____ | Trusts                           | \$ _____ |
| Rents   | \$ _____ | Estates                          | \$ _____ |
| Royalties   | \$ _____ | Inheritances                     | \$ _____ |
| Dividends   | \$ _____ | Direct and Indirect Gifts        | \$ _____ |
| Annuities   | \$ _____ | Other (Specify)                  | \$ _____ |
| Social Security Benefits                                  | \$ _____ | <b>Total Gross Income</b>        | \$ _____ |

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

\_\_\_\_\_  
Applicant

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

The following instrument was sworn to and subscribed before me this date \_\_\_\_\_ date  
by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_ type of ID  
as identification.

\_\_\_\_\_  
Notary Public Signature and Seal