AFFIDAVIT FOR LOW INCOME HOUSING: INCOME VERIFICATION AD VALOREM TAX EXEMPTION

This form must be filled out by each tenant in order to qualify for exemption under Section 196.1978, Florida Statutes.

PART I. TENANT INFORMATION	
Name(s)	
Date of occupancy (moved in) at this reside	ence?
Number of occupant(s) at this residence? _	
PART II. TENANT INCOME STATEMENT	
Gross Income: (fill in those fields that apply	to you)
Earned Income: \$	Income from Investments: \$
Gains Derived From Disposition of Appreci	ated Property: \$
Interest: \$	Rent: \$
	Dividends: \$
Annuities: \$	Social Security Benefits: \$
Income from Retirement Plans: \$	
	Trusts: \$
Estates: \$	Inheritances: \$
Direct & Indirect Gains: \$	
Total Income: \$	
PART III. TENANT STATEMENT	
I, (we) the undersigned hereby swear that t	the above is true and correct.
Name(s)	
Date	-
STATE OF FLO	ORIDA, COUNTY OF BROWARD
The following statement wa	as sworn and subscribed before me this date,
me or who has producedby	who is personally known to as type of identification.
(Notary Seal)	(Notary Signature)

Add/Update email address:

Submitting my email address allows for communication about my property in addition to receiving regular updates from the Broward County Property Appraiser's office in regards to updated tax information, exemptions, or any other pertinent information that may relate to my property.