By the Committee on Community Affairs and Representative Kelly

A bill to be entitled

An act relating to ad valorem tax exemption; amending s. 196.101, F.S.; revising the income limitation with respect to the exemption for the homestead of a paraplegic, hemiplegic, or other totally and permanently disabled person who must use a wheelchair for mobility or who is legally blind; providing for submission of the income statement required in connection with said income limitation every third year, beginning in 2001; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 196.101, Florida Statutes, is amended to read:

196.101 Exemption for totally and permanently disabled persons. --

- (1) Any real estate used and owned as a homestead by any quadriplegic is exempt from taxation.
- (2) Any real estate used and owned as a homestead by a paraplegic, hemiplegic, or other totally and permanently disabled person, as defined in s. 196.012(11), who must use a wheelchair for mobility or who is legally blind, is exempt from taxation.
- (3) The production by any totally and permanently disabled person entitled to the exemption in subsection (1) or subsection (2) of a certificate of such disability from two licensed doctors of this state or from the United States Department of Veterans Affairs or its predecessor to the 31 property appraiser of the county wherein the property lies, is

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prima facie evidence of the fact that he or she is entitled to such exemption.

(4)(a) A person entitled to the exemption in subsection (2) must be a permanent resident of this state. Submission of an affidavit that the applicant claiming the exemption under subsection (2) is a permanent resident of this state is prima facie proof of such residence. However, the gross income of all persons residing in or upon the homestead for the prior year shall not exceed the median income for the state for the previous calendar year \$14,500. For the purposes of this section, the term "gross income" includes United States Department of Veterans Affairs benefits and any social security benefits paid to the persons.

(b) The maximum income limitations permitted in this subsection shall be adjusted annually on January 1, beginning January 1, 1990, by the percentage change in the average cost-of-living index in the period January 1 through December 31 of the immediate prior year compared with the same period for the year prior to that. The index is the average of the monthly consumer price index figures for the stated 12-month period, relative to the United States as a whole, issued by the United States Department of Labor.

(b) (c) The department shall require by rule that the taxpayer annually submit, every third calendar year beginning in 2001, a sworn statement of gross income, pursuant to paragraph (a). The department shall require that the filing of such statement be accompanied by copies of federal income tax returns for the prior year, wage and earnings statements (W-2 forms), and other documents it deems necessary, for each member of the household. The taxpayer's statement shall attest 31 to the accuracy of such copies. The department shall

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prescribe and furnish a form to be used for this purpose which
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    form shall include spaces for a separate listing of United
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    States Department of Veterans Affairs benefits and social
    security benefits. All records produced by the taxpayer under
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    this paragraph are confidential in the hands of the property
   appraiser, the department, the tax collector, and the Auditor
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    General and shall not be divulged to any person, firm, or
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    corporation except upon court order or order of an
   administrative body having quasi-judicial powers in ad valorem
    tax matters, and such records are exempt from the provisions
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    of s. 119.07(1).
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               The physician's certification shall read as
          (5)
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    follows:
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                      PHYSICIAN'S CERTIFICATION
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                                  OF
                    TOTAL AND PERMANENT DISABILITY
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    I, ... (name of physician)..., a physician licensed pursuant to
   chapter 458 or chapter 459, Florida Statutes, hereby certify
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   Mr. .... Mrs. .... Miss .... Ms. .... (name of totally and
21
   permanently disabled person)..., social security number ....,
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    is totally and permanently disabled as of January 1,
23
    ...(year)..., due to the following mental or physical
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   condition(s):
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           .... Quadriplegia
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           .... Paraplegia
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           .... Hemiplegia
           .... Other total and permanent disability requiring use
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31 of a wheelchair for mobility
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1	Legal Blindness
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3	It is my professional belief that the above-named condition(s)
4	render Mr Mrs Miss Ms totally and
5	permanently disabled, and that the foregoing statements are
6	true, correct, and complete to the best of my knowledge and
7	professional belief.
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9	Signature
10	Address (print)
11	Date
12	Florida Board of Medicine or Osteopathic Medicine license
13	number
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15	Issued on
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17	NOTICE TO TAXPAYER: Each Florida resident applying for a total
18	and permanent disability exemption must present to the county
19	property appraiser, on or before March 1 of each year, a copy
20	of this form or a letter from the United States Department of
21	Veterans Affairs or its predecessor. Each form is to be
22	completed by a licensed Florida physician.
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24	NOTICE TO TAXPAYER AND PHYSICIAN: Section 196.131(2), Florida
25	Statutes, provides that any person who shall knowingly and
26	willfully give false information for the purpose of claiming
27	homestead exemption shall be guilty of a misdemeanor of the
28	first degree, punishable by a term of imprisonment not
29	exceeding 1 year or a fine not exceeding \$5,000, or both.
30	Section 2. This act shall take effect January 1, 2000.
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