

**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 196.1 01, 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 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.

STATE OF FLORIDA  
COUNTY OF \_\_\_\_\_

\_\_\_\_\_  
APPLICANT

The following instrument was, sworn to and subscribed before me this date \_\_\_\_\_ date  
by \_\_\_\_\_ who is personally known to me or who has produced \_\_\_\_\_  
as identification . (Type of I D)

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE AND SEAL