

**2014**  
**Affordable Housing**  
**Ad Valorem Tax Exemption**  
**New Applications with Affirmative Steps Taken to Prepare for Use**

To apply for an affordable housing ad valorem tax exemption for 2014, a separate DR-504 Application and the Affordable Housing "Affirmative Steps" Affidavit Addendum is required for each property. (For example, if you have 10 such properties, 10 complete applications are required.)

Filing Instructions, Application for Ad Valorem Tax Exemption (DR504):

- Complete Sections A and B of the attached DR504, Application for Ad Valorem Tax Exemption (there must be a response to each item).
- Include all attachments requested in the application.
- Sign and date the back of the application.
- Complete Affordable Housing Affirmative Steps Affidavit Addendum, attesting to the affirmative steps that have been taken to prepare the property for use as affordable housing.

Affirmative steps have been defined in Section 196.196(5)(a) as "environmental or land use permitting activities, creation of architectural plans or schematic drawings, land clearing or site preparation, construction or renovation activities or other similar activities that demonstrate a commitment of the property to providing affordable housing."

- Attach a complete set of your Articles of Incorporation and any Amendments.
- Attach a copy of your 501(c)(3) designation letter from the IRS.
- Attach a copy of your sales tax exemption certificate, if applicable.

Submit completed application(s) to this office by the filing deadline  
**5:00 pm on Monday, March 3, 2014:**

Mail or Deliver to:  
Duval County Property Appraiser  
Customer Service Exemptions Division  
231 E. Forsyth St., Suite 260  
Jacksonville, FL 32202

Fax to: (904) 630-2525

or

E-Mail to: [pacustserv@coj.net](mailto:pacustserv@coj.net)

AFFORDABLE HOUSING AFFIRMATIVE STEPS AFFIDAVIT ADDENDUM

ADDENDUM TO AD VALOREM TAX EXEMPTION APPLICATION

**Instructions: Use this Affidavit when affirmative steps have been taken prior to January 1, 2014 to prepare this property for use as affordable housing, either as a rental or as home ownership. A separate Application and Affidavit is required for EACH property for which you are seeking exemption.**

**BEFORE ME**, the undersigned authority, personally appeared,

Print Name	Title
Agency	

**WHO AFTER BEING DULY SWORN,**

Deposes and says in applying for “affordable housing” ad valorem tax exemption pursuant to the provisions of Section 196.1978, Florida Statutes:

Owner of Property is: \_\_\_\_\_  
Location of Property is: \_\_\_\_\_

Real Estate Number: \_\_\_\_\_

1. Is the future use of this property for affordable home ownership?  YES  NO
  
2. Does the owner of this property have a 501(c)3 designation from the IRS as of **January 1, 2014**. If yes, attach copy.  
 YES  NO
  
3. Does the owner comply with Revenue Procedure 96-32 1996-1, C.B. 717, as of **JANUARY 1, 2014** (copy available upon request) at the property location identified in this Affidavit?  
 YES  NO
  
4. Is the housing provided at this property location used for extremely-low, very-low, low or moderate income persons or families as of **JANUARY 1, 2014**, as defined in Section 420.0004, Florida Statutes?  
 YES  NO
  
5. Is there a deed restriction or Land Use Restriction Agreement on this property? **If Yes, attach copy To this Affidavit.**  
 YES  NO



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**Estimated ground breaking date:**

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**Estimated completion date:**

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**FURTHER AFFIANT SAYETH NOT,**

**NOTICE:** I CERTIFY ALL INFORMATION ON THIS AFFIDAVIT AND ANY ATTACHED STATEMENTS, SCHEDULES, ETC., ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AS OF **JANUARY 1, 2014.**

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

**SWORN TO** and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Notary Public  
My Commission Expires:



## OFFICE OF THE PROPERTY APPRAISER

**JERRY HOLLAND**  
DUVAL COUNTY  
PROPERTY APPRAISER

231 E. FORSYTH STREET  
SUITE 260  
JACKSONVILLE, FL 32202  
(904) 630-2020

### DOCUMENTATION NEEDED FOR EXEMPTION

#### NON-PROFIT ORGANIZATIONS: RELIGIOUS, CHARITABLE, LITERARY, SCIENTIFIC, OR EDUCATIONAL:

1. COPY OF BY-LAWS
2. COPY OF RECORDED DEED
3. COPY OF ARTICLES OF INCORPORATION
4. COPY OF STATE CHARTER (SIGNED BY SECRETARY OF STATE)
5. COPY OF YOU MOST RECENT FINANCIAL STATEMENT
6. COPY OF CONSUMER CERTIFICATE OF EXEMPTION
7. PROOF OF NON-PROFIT STATUS

#### EDUCATIONAL INSTITUTIONS:

1. COPY OF RECORDED DEED
2. COPY OF ACCREDITATION OR MEMBERSHIP OF THE STATE DEPARTMENT OF EDUCATION OF FLORIDA, SOUTHERN ASSOCIATION OF COLLEGES AND SECONDARY SCHOOLS OR THE FLORIDA COUNCIL OF INDEPENDENT SCHOOLS
3. PROOF OF NON-PROFIT STATUS

#### HOSPITALS:

1. COPY OF RECORDED DEED
2. COPY OF BY-LAWS
3. COPY OF ARTICLES OF INCORPORATION
4. COPY OF 501C (3)
5. COPY OF LICENSE
6. COPY OF CONSUMER CERTIFICATE OF EXEMPTION

#### Educational Childcare/Gold Seal Qualify Status:

1. Copy of Recorded Deed
2. Copy of Gold Seal Certificate
3. Copy of License
4. Tangible Property Return (Only if any portion of the property is rented or leased)

ALL EXEMPT ENTITIES ARE REQUIRED TO FILE A CURRENT TANGIBLE PERSONAL TAX RETURN ON ANY PORTION RENTED OR LEASED. FOR FURTHER TANGIBLE QUESTIONS, CALL (904) 630-1964.

**Proof of non-profit status is a copy of 501 (c) (3) or any other document as outlined in FS 196.195 (2a-e).**



**Ad Valorem Tax Exemption  
Application and Return**  
(Per 196.195, 196.196, 196.197, 196.2001, 196.2002, Florida Statutes)

Return/Application Number

DR-504  
R. 11/01

For use of organizations applying for exempt status under Chapter 196, Florida Statutes which are organized and operated for one or more of the following purpose(s): (Check one or more)

- Religious  Literary  Charitable  Scientific  Sewer Water/Wastewater Systems  Education  
 Hospitals, nursing homes, and homes for special services.  Other \_\_\_\_\_

**A General Information**

1. Full Name of Organization:	County Where Property is Located:
2. Complete Address:	Business Phone:

3. Address of Property (if different from above):  
 \_\_\_\_\_  
 \_\_\_\_\_

4. List All Owners of the Property and their Proportionate Interest:  
 \_\_\_\_\_  
 \_\_\_\_\_

5. Legal Description (Appraiser's R.E., parcel no., etc. may be substituted):  
 \_\_\_\_\_  
 \_\_\_\_\_

6a. Is the organization incorporated? <input type="checkbox"/> Yes <input type="checkbox"/> No	6c. If yes, is the organization exempt from federal income tax under <input type="checkbox"/> 501(c) (3), I.R.C. <input type="checkbox"/> 501(c) (12), I.R.C., Water, Wastewater Systems, 196.2002, F.S. <input type="checkbox"/> 115 (a), I.R.C. of 1954, Sewer and Water, 196.2001, F.S. Provide a copy of the current exemption determination letter from the Internal Revenue Service.
6b. If no, what is form of organization?	

7a. Is any of this property rented or leased? <input type="checkbox"/> Yes <input type="checkbox"/> No	7b. If yes attach a copy of all active rental and/ or lease contracts last year.
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8. Owner's statement of full value:

Real property improvements .....	\$ .....	
Real property land .....	\$ .....	
Tangible personal property .....	\$ .....	

9. What is the property used for?  
 \_\_\_\_\_  
 \_\_\_\_\_

10. Is any portion of the above described property used for non-exempt purposes?  Yes  No (If yes attach detailed explanation)  
 \_\_\_\_\_  
 \_\_\_\_\_

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| <b>B</b> | <b>Attachments</b> You must attach the following information except when applying for exemption as an educational institution. |
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- (A) If incorporated, a copy of your articles of incorporation, or if not incorporated, a copy of your constitution, articles of association, declaration of trust or other document setting forth your aims and purposes. (Also, enclose any amendments thereto.)

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  - (B) A statement indicating the salaries, fees, loans, commissions, gratuities or other compensation of any officer, director, trustee, member or stockholder of this organization.

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  - (C) A statement indicating the guarantee of any loan to or obligation of any officer, director, trustee, member or stockholder of this organization.

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  - (D) Any contracts between the applicant and any officer, director, trustee, member or stockholder of the applicant pertaining to:
    1. rendition of service, 2. provision of goods or supplies, 3. the management of the applicant, or 4. the construction or renovation of the applicant.

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  - (E) A schedule of the following:
    1. salaries for the operation of the applicant; 2. services rendered to the applicant; 3. supplies and materials used by the applicant; 4. reserves for repair, replacement and depreciation of the property of the applicant; and 5. mortgage, lien, and encumbrance payments for the property of the applicant.

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  - (F) A statement indicating the charges made by the applicant for its services.

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  - (G) A statement indicating to what degree the proceeds of the sale, lease, or other disposition of the applicant's property will inure to the benefit of the members, directors, or officers of the applicant.

<b>C</b>	<b>Hospitals, Nursing Homes, and Homes for Special Services</b>	Organizations filing for exemption under any of these categories must include the following information in addition to completing Sections A & B.
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1. Did you possess a valid license granted under Chapter 395 or 400, Florida Statutes, on January 1 of this year?  Yes  No

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2. Have you qualified under Section 501(c)(3) United States Internal Revenue Code 1954?  Yes  No

**WHO MUST FILE?** Any religious, literary, charitable, scientific organizations, hospitals, nursing homes, homes for special services; sewer, waste, wastewater systems not-for-profit corporations.

**WHERE TO FILE?** The application return must be filed with the County Appraiser in the respective county where the property is located.

**WHEN TO FILE?** Application or return must be filed each year on or before March 1.

**ATTACHMENTS:** Every attachment must show the name and address of the organization, the date, an identifiable heading, and that it is an attachment to Form DR-504.

Every organization applying or returning for exemption must complete Section A. Every organization, except educational institutions, must attach the information required in Section B. Hospitals, nursing homes, and homes for special services must complete Section C in addition to A and B.

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I certify all information on this form and any attached statements, schedules, etc., are true and correct to the best of my knowledge as of January 1 of this year.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_