JOHN C. EMERSON, CFA
HERNANDO COUNTY PROPERTY APPRAISER
PHONE: (352) 754-4190
WEBSITE: www.hernandocounty.us/pa

♦ BROOKSVILLE OFFICE ♦
201 Howell Avenue, Suite 300
Brooksville, FL 34601-2042
Fax Numbers:
Administration (352) 754-4198
Real Property/Tangible (352) 754-4198
Exemptions/Central GIS (352) 754-4194

♦ WESTSIDE OFFICE ♦
7525 Forest Oaks Blvd.
Spring Hill, FL 34606-2400
Fax Numbers:
Addressing (352) 688-5060
Exemptions (352) 688-5088

"To Serve & Assess With Fairness"

Exemption Status Change

Print Owner(s) /Applicant(s): _____

Parcel ID / Key Number: _____

Reason _____

New Mailing Address: _____

Move Date / Effective Date _____

Note: If you moved after January 1st of the current year, removal of exemption will not occur until January 1st of the following tax year

Reason for Change:

- ☐ Rental
- ☐ Vacant
- ☐ Vacation Home
- ☐ Property Sold
- ☐ Owner Relinquishing Homestead Interest
- ☐ Reset Assessment Cap
- ☐ Change in type / year of exemption: **FROM** _____ **TO** _____

I / We authorize Hernando County Property Appraiser to:

REMOVE THE FOLLOWING EXEMPTIONS BUT RETAIN HOMESTEAD AND 3% SAVE OUR HOMES ASSESSMENT CAP

- ☐ Widow / Widower
- ☐ Disability
- ☐ Disabled Veteran
- ☐ Low Income Senior
- ☐ Total & Permanent Disability
- ☐ Total & Permanent Disabled Veteran
- ☐ Other _____

ALL OWNERS ABANDONING HOMESTEAD AND 3% SAVE OUR HOMES ASSESSMENT CAP

- ☐ Remove ALL Exemptions and 3% Save our Homes Assessment Cap because I / we no longer use this property as my / our permanent residence.

SAVE OUR HOMES 3% CAP ABANDONMENT FOR PORTABILITY PURPOSES

- ☐ Remove ONLY the Save our Homes Assessment Cap from the property for portability purposes. **NOTE**: All residing owners must authorize this action. By submitting this form, you understand and agree that the remaining residing owner (s) **MUST** file for homestead by March 1st and **your property taxes will increase.**

REMOVE OWNER ENTITLEMENT TO EXEMPTION CLAIM ONLY

- ☐ I, _____ hereby relinquish my rights to the homestead exemption, as I am no longer using this property as my primary residence. My ownership interest is _____%, therefore, the exemption will / will not be reduced. The remaining residing owner(s) will continue to claim the exemption on his / her ownership interest in the property.

_____   _____
Signature (Owner 1)   PHOTO ID REQUIRED   **Date**   **Signature (Owner 2)**   PHOTO ID REQUIRED   **Date**

_____   _____
Daytime Telephone Number   **Email Address**

NOTE: By signing this form, you understand and acknowledge the possibility that the Assessed Value may be reset to the Just Market Value and ALL the 3% Save Our Homes Assessment Limitation Differential could be **REMOVED. You have read the above and availed yourself of the opportunity to ask questions or seek clarification from the Hernando County Property Appraiser's Office and understand this request cannot be reversed.**