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STATE BENEFIT VERIFICATION FORM

I/We have applied for the Florida Homestead Exemption on the property referenced below for the _____ tax year:

PROPERTY ADDRESS: _____

APPLICANT(S): _____

Please Print

Please Print

Signature

Signature

Date

Date

I/We currently do not receive a residency based property tax exemption or other benefit for the _____ tax year on property that I or my spouse own at:

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

FOR OFFICIAL USE ONLY

I certify that the above applicant(s) do not receive a residency based exemption or other benefit on the above referenced property for the _____ tax year.

PRINT NAME: _____ TITLE: _____ PHONE: _____

SIGNATURE: _____ AGENCY: _____

DATE: _____