



Clay A. Davis, C.F.A.
Putnam County Property Appraiser

386- 329-0286 • pa.putnam-fl.gov • appraiser@putnam-fl.gov

REQUEST FOR CONTIGUOUS HOMESTEAD & SAVE OUR HOMES BENEFIT

Date: _____

TAX YEAR _____

Property Owner Name: _____

Primary (Homestead) Parcel ID Number: _____

Primary (Homestead) Residence Address: _____

You are requesting to have the parcel numbers listed below included as part of your homestead property in which you would benefit from the Save Our Homes cap. Before we approve the application, we need more information about the additional parcel(s). Please answer the following questions for each additional parcel and return this form to our office. You may attach any supporting documents. ***If you have more than 5 parcels, please attach an additional copy of this sheet.***

Acknowledge and understand that:

1. **Identical Ownership and Tenancy:** The separate parcels must share the exact same owners holding the identical form of tenancy (such as joint tenancy or tenancy in common).
2. **Contiguity:** The lots must physically touch along a common boundary with no roads or waterways in between.
3. **Exclusive Use:** Land and structures not used exclusively as part of the applicant's permanent homestead residence may not be eligible to extend the homestead exemption (e.g. renting, leasing, or utilized for commercial purposes).
4. **Loss of Deferred Value:** Extending the homestead exemption to one or more non-homestead parcels will trigger an immediate tax reassessment. The previously applied 10% assessment cap on the non-homestead parcel(s) will be removed, and any accumulated deferred value associated with those parcel(s) will be permanently lost.
5. **Permanency:** Changes to the deferred value and tax caps become permanent after the tax roll is officially certified. Homeowners retain the right to recall or withdraw this request at any time on or before the 25th day following the mailing of the Notice of Proposed Property Taxes (TRIM notice).
6. **Required Notification:** Immediate notification to the property appraiser is required for any change in property use, title ownership, trust transfers, or permanent Florida residency status. Failure to notify the appraiser of such changes can result in the loss of the exemption, a tax lien for up to 10 prior years, A 50% penalty, and 15% annual interest on the exempted taxes. (§196.011, Florida Statutes)

Crescent City Annex
115 N. Summit Street
386/698-4284

Main Office
P.O. Box 1920
312 Oak Street
Palatka, FL 32178

Interlachen Annex
Hitchcock's Plaza, SR 20
386/684-3383

Additional Parcel(s):

List below all requested additional parcels. If a parcel is Vacant, check the box and skip the questionnaire questions.

- | | | | |
|----------|---------------------------------|------------------------------------|----------------------|
| 1. _____ | ☐ Vacant | ☐ Buildings | Ownership Year _____ |
| 2. _____ | ☐ Vacant | ☐ Buildings | Ownership Year _____ |
| 3. _____ | ☐ Vacant | ☐ Buildings | Ownership Year _____ |
| 4. _____ | ☐ Vacant | ☐ Buildings | Ownership Year _____ |
| 5. _____ | ☐ Vacant | ☐ Buildings | Ownership Year _____ |

Complete the questionnaire below only if the additional parcels have buildings:

1. Does anyone reside at the secondary building? Yes ☐ No ☐
 - a. If yes, who resides there? _____
2. Is the secondary parcel/building rented? Yes ☐ No ☐
3. How are you utilizing the secondary building? _____
4. Are utilities turned on for the secondary building? Yes ☐ No ☐
 - a. If yes, whose name(s) is/are on the account? _____
5. What are you plans for the secondary building? _____

NOTICE AND ACKNOWLEDGMENT OF TAX IMPACT

By signing below, I, the property owner, hereby acknowledge and attest that all listed parcels are contiguous to my homestead property and are used exclusively for residential purposes.

Signature of Property Owner: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone Number: _____

OFFICIAL USE ONLY

☐ Verified ownership & tenancy

☐ Verified parcels are contiguous

☐ Verified acquired date

☐ Application Approved

☐ Application Denied

☐ Application approved in part and disapproved in part (specify which parcels are approved and the parcels disapproved)

Signature, property appraiser or deputy

Date