

MACK BUSBEE, CFA
Property Appraiser
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Jennifer Chambers, CFE
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302 N Wilson Street, Suite 201
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DEPLOYED EXEMPTION

Florida Statute 196.173

The **Deployed Service Member Discount** (commonly referred to as the “Deployed Exemption”) is available to active duty members who are CURRENTLY receiving Homestead Exemption and who were deployed in the **PRIOR** calendar year *outside the continental US, Hawaii or Alaska*. The deployment must also have been in either direct support or have been considered a subordinate operation to one of the approved operations listed below.

CURRENT ELIGIBLE OPERATIONS *(As provided by Department of Military Affairs)*

RESOLUTE SUPPORT	INHERENT RESOLVE	FREEDOM’S SENTINEL	JOINT TASK FORCE BRAVO
SPARTAN SHIELD	ATLANTIC RESOLVE	NOBLE EAGLE	OPERATIONS IN THE BALKANS
JOINT GUARDIAN	NOMAD SHADOW	COPPER DUNE	GEORGIA DEPLOYMENT PROGRAM
JUNIPER SHIELD	PACIFIC EAGLE	MARTILLO	US AIRSTRIKES AL QAEDA IN SOMALIA
EUROPEAN REASSURANCE / EUROPEAN DETERRENCE INITIATIVES			ENDURING FREEDOM – HORN OF AFRICA

**List current as of 10 May 2022*

REQUIRED DOCUMENTS

*** If your deployment is going to last longer than 8 months, please contact our office PRIOR to the statutory deadline as there may be some further information needed, in addition to the documentation listed below.*

All documentation can be submitted via fax, regular mail, email to jchambers@okaloosapa.com, or dropped off at either office location. Please contact our office, prior to applying, if you should have any questions or concerns.

NOTE: *The signed application AND deployment orders must be on file by the 1 March statutory deadline. However, you can provide all remaining documentation once you have returned, even if returning after the 1 March.*

1. SIGNED DEPLOYED EXEMPTION APPLICATION (Form DR-501M)

- Can be obtained from our website (www.okaloosapa.com) or by request / pickup from our office.
- For a single deployment occurring in 2 calendar years (i.e. October-May), please submit **2** separate completed applications.
- The “Tax Year” on the application will be the year **AFTER** the days deployed.
Example: a deployment in CY 2022 will be an exemption for tax year 2023.

2. DEPLOYMENT ORDERS (NATO Orders cannot be used)

*Please provide **one** of the following:*

- DD Form 1610 “Request and Authorization for TDY Travel of DOD Personnel”.
- “CED” Orders – You will need to provide a copy of front **AND** back pages of the CED orders.

3. OKALOOSA COUNTY PROPERTY APPRAISER MFR (“OCPA MFR”)

ALL OCPA MFR’s MUST have a revision date of 10 May 2022 or later. Previous revisions are no longer valid due to changes in eligible operations.

- Most recent revision is always available by request from our office or through our website under the “Exemptions” tab found on the “Downloadable Forms” link on left side of our home page.
- **MUST** be signed by another authorized military member. It **cannot** be signed by you, the applicant.

OCPA MEMORANDUM FOR RECORD

(Revision Date of this form: 10 May 2022)

RETURN TO:

Okaloosa County Property Appraiser
ATTN: Jennifer Chambers, CFE
302 N Wilson Street, Suite 201
Crestview, FL 32536
P: (850) 689-5900 / Fax: (850) 689-5906
Email: jchambers@okaloosapa.com

RE: Florida Statute 196.173

Exemption for Deployed Service members who **are receiving Homestead Exemption** AND were deployed outside CONUS, Hawaii or Alaska in the preceding calendar year.

Please return this form, completed, along with the DR501M (application) & deployment orders (either CED orders OR DD Form 1610) to the Okaloosa County Property Appraiser's Office. Failure to provide all required documents could result in the denial of the deployed exemption.



Please note, this form MUST be filled out in its entirety and then signed by either your commanding officer, UDM or another authorized military member. It CANNOT be signed by you.

****A separate OCPA MFR is required for EACH eligible deployment****

DEPLOYMENT INFORMATION – ALL information below is REQUIRED.

1. Deployed Service Member's Name: _____

2. Deployment Dates – Please enter the EXACT dates of your departure from and return to CONUS.

(If you are stationed overseas, please indicate the departure/return dates from your current duty station.)

➤ **Departed** continental US, Alaska or Hawaii on _____ / _____ / **20** _____ (MM/DD/YY)

➤ **Returned** to continental US, Alaska or Hawaii on _____ / _____ / **20** _____ (MM/DD/YY)

➤ **Any R & R (during deployment)?** **No** **Yes** from _____ to _____ (MM/DD/YY)

NOTE: R & R dates occurring during the deployment will NOT be eligible for exemption.

3. Select each operation name(s) below that this deployment supported.*

**If your operation is not listed below, then your deployment is not eligible. Operation names are provided by the Department of Military Affairs. They are not determined by this office. This list is current as of 10 May 2022.*

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Resolute Support | <input type="checkbox"/> Inherent Resolve | <input type="checkbox"/> Freedom's Sentinel | <input type="checkbox"/> Joint Task Force Bravo |
| <input type="checkbox"/> Spartan Shield | <input type="checkbox"/> Atlantic Resolve | <input type="checkbox"/> Noble Eagle | <input type="checkbox"/> US Airstrikes Al Qaeda in Somalia |
| <input type="checkbox"/> Martillo | <input type="checkbox"/> Nomad Shadow | <input type="checkbox"/> Copper Dune | <input type="checkbox"/> Georgia Deployment Program |
| <input type="checkbox"/> Joint Guardian | <input type="checkbox"/> Juniper Shield | <input type="checkbox"/> Pacific Eagle | <input type="checkbox"/> Operations in the Balkans |
| <input type="checkbox"/> European Reassurance / European Deterrence Initiatives | | <input type="checkbox"/> Enduring Freedom – Horn of Africa | |

****Please do NOT add any other operations to this form****

4. Select the statement that best describes your deployment. (Mark **ONE** only).

This deployment was **IN DIRECT SUPPORT OF** the operation selected above.

This deployment was **NOT in direct support** but WAS considered a **subordinate operation** to the operation selected above.

By signing below, I confirm that I am legally authorized by the military to verify deployment information for the above named service member. Additionally, I declare that I have verified all information above and do hereby affirm the facts contained herein are true.

Signature of Authorized Military Member (**NOT** applicant/owner)

Date

Phone Number

Printed Name

Rank/ Title

Email address (optional)

WARNING: Section 196.131(2), Florida Statutes states that any person who knowingly gives false information for the purpose of claiming an exemption is guilty of a first-degree misdemeanor, punishable by imprisonment up to 1 year, a fine of up to \$5,000 or both.



FLORIDA

DEPLOYED MILITARY EXEMPTION APPLICATION

DR-501M
R. 3/16
Provisional
Eff. 3/16

Section 196.173, Florida Statutes

Due to the property appraiser by **March 1**.

Florida Law provides an additional ad valorem exemption on the homestead of servicemembers who were deployed last year outside the continental United States, Alaska, or Hawaii in support of main or subordinate military operations designated by the Florida Legislature.

If more than one owner of the homestead was deployed last year, each deployed servicemember should complete a separate application.

COMPLETED BY APPLICANT

Servicemember's name		Spouse's name	
*Social security #		*Spouse's social security #	
Parcel ID, if known		County	OKALOOSA
Phone		Tax year	20__
Homestead address		Mailing address, if different	
Email Address			
Designated operation(s) you were deployed to _____			
Dates deployed last year: (outside the continental US, Alaska, and Hawaii to a designated military operation)			
		From ___ / ___ / 20__	to ___ / ___ / 20__ for a total of ___ days
		From ___ / ___ / 20__	to ___ / ___ / 20__ for a total of ___ days
		Total days deployed: _____	
<input type="checkbox"/> I have attached proof of qualifying deployment. (Information must include dates of the qualifying deployment)			
<input type="checkbox"/> I am applying after the deadline because: (Add documentation, if needed.) (Field will expand online)			

*Disclosure of your social security number is mandatory. It is required by s. 196.011(1)(b), F.S. The social security number will be used to verify taxpayer identity and exemption information submitted to the property appraiser.

Signature

Print name

Date

Signature is by servicemember spouse designee under Chapter 709, F.S. Personal representative

If this application was filed on time and is denied, the property appraiser will send you a notice of disapproval (Form DR-490) by July 1. You have the right to appeal the decision by filing a request for hearing (Form DR-486) with the Value Adjustment Board in your county.

FOR USE BY PROPERTY APPRAISER'S OFFICE ONLY

- Approved for _____ days, proof of qualifying deployment and dates of deployment met the requirements.
- Denied or Explain:
- Denied in part
- Late application The reason for filing late was accepted rejected.

Signature, property appraiser or deputy

Date

Calculation: _____ Days deployed / 365 Days in year X 100 = _____ % exempted