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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 direct support of one of the approved operations or be considered a subordinate operation to one of the approved operations. The approved operations are:

**ENDURING FREEDOM**

**INHERENT RESOLVE**

**NEW DAWN**

**COPPER DUNE**

**JOINT GUARDIAN**

**US AIRSTRIKES AL QAEDA IN SOMALIA**

**FREEDOM'S SENTINEL**

**OBSERVANT COMPASS**

**ODYSSEY DAWN**

**SPARTAN SHIELD**

**OPERATIONS IN THE BALKANS**

**GEORGIA DEPLOYMENT PROGRAM**

**RESOLUTE SUPPORT**

**NOBLE EAGLE**

**NOMAD SHADOW**

**ATLANTIC RESOLVE**

**JOINT TASK FORCE BRAVO**

*(listing as of June 20, 2018)*

## **REQUIRED DOCUMENTS**

Signed application **AND** deployment orders must be on file **by the filing deadline of March 1<sup>st</sup>**. All remaining documentation can be provided after the deadline, if needed, but no later than May 1<sup>st</sup>. All documentation can be submitted via fax, regular mail, email to [jchambers@okaloosapa.com](mailto: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.

*\*\* 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.*

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

- Can be obtained from our website ([www.okaloosapa.com](http://www.okaloosapa.com)) or by request / pickup from our office.
- For any single deployment occurring during 2 calendar years (i.e. deployment begins in October and ends the following April), please submit **2 separate** signed applications.

### **2. DEPLOYMENT ORDERS (NATO Orders cannot be used)**

The most common two forms are listed below.

- **DD Form 1610** “Request and Authorization for TDY Travel of DOD Personnel”. *NOTE:* Operation name MAY be listed on 2<sup>nd</sup> page. If so, be sure to provide BOTH pages of the 1610.
- **“CED” Orders** - Please *REDACT* any other service members’ information that may be on the back page, if needed. Copy of front **AND** back pages of the CED orders will be needed. *“DATA MASKED” CED* orders are considered unclassified but they will not have the operation name listed.

### **3. FINAL TRAVEL VOUCHER (usually obtained from DTS website)**

An acceptable form **MUST** show the exact arrival / departure flight dates & locations. There are several different formats, but most common formats are listed below. ALL formats will say **“voucher”** at the top of the form.

- **DD Form 1351-2** – It does not have to be a copy of a final “paid” voucher, as long as it reflects exact flight dates.
- **Long form on DTS (no form #)** – This format includes your daily per diem pay for the duration of your deployment is usually several pages in length. If submitting this format, only the first 2 pages are needed.
- *Flight Itineraries or Travel Authorizations cannot be accepted.*

### **4. VERIFICATION OF OPERATION**

If your deployment orders do NOT state the operation name, then you will be required to also provide **ONE** of the documents listed below to serve as verification of the operation name.

- **MEMO FOR RECORD (“MFR”)** - Must have deployment dates & operation name & must also be signed by either a commanding officer, UDM or other authorized military personnel. For your convenience, the OCPA MFR can be used and is available on our website or by request from our office.
- **LETTER OF EVALUATION (“LOE”)** – Must reflect operation name in box 6 or in “Comments” section.
- **COMMENDATION MEDAL/CERTIFICATE** – Must state operation name and include the dates for entire deployment, not just a portion of the days.



**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	<b>OKALOOSA</b>
Phone		Tax year	20__
Homestead address		Mailing address, if different	
Email Address			
Designated operation(s) you were deployed to _____ Dates deployed last year: From ___ / ___ / 20__ to ___ / ___ / 20__ for a total of ___ days (outside the continental US, Alaska, and Hawaii to a designated military operation) From ___ / ___ / 20__ to ___ / ___ / 20__ for a total of ___ days <div style="text-align: right;">Total days deployed: _____</div>			
<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.) <span style="float: right;">(Field will expand online)</span>			

\*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	
<input type="checkbox"/> Approved for _____ days, proof of qualifying deployment and dates of deployment met the requirements.	
<input type="checkbox"/> Denied or Explain:	
<input type="checkbox"/> Denied in part	
<input type="checkbox"/> Late application The reason for filing late was <input type="checkbox"/> accepted <input type="checkbox"/> rejected.	
Signature, property appraiser or deputy _____	Date _____
Calculation: _____ Days deployed / <u>365</u> Days in year X 100 = _____ % exempted	

**OCA MEMORANDUM FOR RECORD (“MFR”)**

ATTN: Okaloosa County Property Appraiser’s Office


**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](mailto:jchambers@okaloosapa.com)

**RE: Florida Statute 196.173**

*Exemption for Deployed Service members who **are receiving Homestead Exemption** and were deployed outside the continental U.S., Hawaii or Alaska in the preceding year.*

For your convenience, this OCA MFR can be used as proof of the deployment operation name. In addition to this MFR, a completed DR501M (Deployed application), orders and the FINAL travel voucher must also be provided. Failure to provide all required documents could result in the denial of the deployed exemption.

If there were multiple deployments during the year, please use a separate MFR for each deployment.

 **Please note, this form MUST be signed by either your commanding officer, UDM or another authorized military member. It CANNOT be signed by you.**

1. **Service Member’s Name:** \_\_\_\_\_

2. **Deployment Dates:** From: \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**3. Operation Verification**

Please select **ONE** option below and then complete the required information for your selection.

➤  **This deployment was considered IN SUPPORT OF OPERATION:**

*(Please select the operation(s) specific to THIS deployment only)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Enduring Freedom         | <input type="checkbox"/> Noble Eagle               | <input type="checkbox"/> Odyssey Dawn                      |
| <input type="checkbox"/> Freedom’s Sentinel       | <input type="checkbox"/> Copper Dune               | <input type="checkbox"/> Georgia Deployment Program        |
| <input type="checkbox"/> Resolute Support Mission | <input type="checkbox"/> Nomad Shadow              | <input type="checkbox"/> Spartan Shield                    |
| <input type="checkbox"/> Inherent Resolve         | <input type="checkbox"/> Joint Guardian            | <input type="checkbox"/> New Dawn                          |
| <input type="checkbox"/> Joint Task Force Bravo   | <input type="checkbox"/> Operations in the Balkans | <input type="checkbox"/> US Airstrikes Al Queda in Somalia |
| <input type="checkbox"/> Observant Compass        | <input type="checkbox"/> Atlantic Resolve          |  |

➤  **This deployment was NOT in direct support but WAS considered a subordinate operation to \_\_\_\_\_ (Enter operation name from approved list).**

**By signing below, I confirm that I am legally authorized to verify deployment information for the above named service member. Additionally, I declare that I have completed the foregoing Memorandum for Record and the facts in it 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.