



**KATRINA S. SCARBOROUGH**  
**OSCEOLA COUNTY PROPERTY APPRAISER**  
**2505 E IRLO BRONSON MEMORIAL HWY**  
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**WWW. PROPERTY-APPRAISER.ORG**

**OUT-OF-STATE BENEFIT VERIFICATION/CANCELLATION FORM**

I/We have applied for the \_\_\_\_\_ Florida homestead exemption on the property referenced below:

PARCEL ID NUMBER: \_\_\_\_\_

Applicant(s): _____	_____
Please Print	Please Print
_____	_____
Signature	Signature
_____	_____
Date	Date

- There may exist a residency based property tax exemption or other benefit on property that I or my spouse own at:
- I/We currently do not receive a residency based property tax exemption or other benefit for \_\_\_\_\_ on property that I or my spouse own at:

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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**FOR OFFICIAL USE ONLY**

The above applicant(s) have cancelled the following residency based benefit(s):

TYPE OF EXEMPTION: \_\_\_\_\_ REMOVED FOR TAX YEAR: \_\_\_\_\_

TYPE OF EXEMPTION: \_\_\_\_\_ REMOVED FOR TAX YEAR: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_ PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ AGENCY: \_\_\_\_\_

DATE: \_\_\_\_\_