



**SOLID WASTE ASSESSMENT ACCESSORY DWELLING  
DISABILITY EXEMPTION APPLICATION  
TAX YEAR 2018**

<b>Parcel ID / Folio #</b>		<b>Tax year 2018</b> <i>(Collection / Disposal Service Period) January 1 – December 31, 2019</i>
<b>Applicant Name</b>	<b>Co-Applicant Name</b>	
<b>Address</b>		<b>Phone #:</b>
<b>Describe Additional Dwelling Use:</b>		

*The primary dwelling must be homesteaded by the applicant. The accessory dwelling must be occupied by a natural or adoptive parent, grandparent, great grandparent, child, stepchild, grandchild or sibling of one of the parcel owner(s). Such occupant must be eighteen (18) years of age or older and must obtain from a physician a certificate stating that such occupant has a disability requiring assistance with daily living activities. The accessory dwelling must be separate from the single family residence and not greater than 900 square feet unless a variance is approved.*

**PHYSICIAN CERTIFICATION:**

I certify that Mr. /Mrs. /Ms. (please print) \_\_\_\_\_ has a disability requiring assistance with daily living activities. The foregoing statement is true, correct, and complete to the best of my knowledge and my professional belief.

_____	_____
Physician's Signature	Date
_____	_____
Print Physician's Name	License #

**DISABLED EXEMPTION CERTIFICATION:** *All applications for Tax Year 2018, must be received by May 1, 2018.*

I \_\_\_\_\_ hereby attest that I reside at the accessory dwelling above and have a disability requiring assistance with daily living activities.

Signature \_\_\_\_\_ Date \_\_\_\_\_

No person shall make any willfully false statement in the application for an exemption of the solid waste non-ad valorem collection and disposal assessments. If the owner of the accessory dwelling unit for which an exemption is granted is found to have made any willfully false statement in the application for the exemptions, the exemptions shall be revoked and the owner may be subject to prosecution in the same manner as a misdemeanor pursuant to Florida Law.

Please mail the signed physician and exemption certification to:

Hillsborough County Public Utilities Department  
Attention: Solid Waste Assessments  
PO Box 342456  
Tampa, Florida 33694

*Solid Waste Staff Review Date / Initials:* \_\_\_\_\_ / \_\_\_\_\_