

Certificate of Trust

It is hereby certified that I am/we are the Beneficiary(ies)/Homestead Applicant(s):

(Print name) (Applicant 1)

(Print name) (Applicant 2)

and I am/we are entitled to the use and occupancy of the following real property for my/our lifetime(s) under the terms of the:

(NAME OF TRUST) – This must match the Trust name on current deed.

Date of Trust ____/____/____; and therefore have sufficient equitable title to claim an entitlement to homestead exemption pursuant to Section 196.041(2), Florida Statutes and Chapter 12D-7.011 Florida Administrative Code.

Applicant 1 – Social Security #: _____
(Last 4-digits only)

Applicant 2 – Social Security #: _____
(Last 4-digits only)

Location Address: _____

Municipality: _____

Parcel Control Number: _____

Please refer to the **Property Detail** section on our website www.pbcgov.org/papa/, for your property, to obtain the Location Address, Municipality, and Parcel Control Number. This information is used to ensure Homestead Exemption is on the correct property.

I understand that under section 196.131 (2), F.S., any person who knowingly and willfully gives false information to claim homestead exemption is guilty of a misdemeanor of the first degree, punishable by imprisonment up to one year, a fine up to \$5,000, or both.

I certify all information on this form and any attached statements, schedules, etc. are true and correct to the best of my knowledge as of January 1 of this year.

Applicant 1 – Signature: _____

Applicant 2 – Signature: _____

Note: If more than 2 beneficiaries, please attach an additional *Certificate of Trust*. Additional forms are available on our website: <https://www.pbcgov.org/papa/pdf/CertificateOfTrustForm.pdf>. Please contact our office at (561) 355-2866 for any questions regarding this form.