

Neil Combee

Lake Alfred Office:
200 Government Center Blvd, Lake Alfred, FL 33850
Ph: 863-401-2424 Fax 863-401-2428

AFFIDAVIT OF SEPARATION – PAGE 2 of 2

The following documents are required:

1. **IRS TAX RETURN OR NON FILING IRS AFFIDAVIT** showing each spouse files their taxes separately and that there is no co-mingling of funds.
2. **AT LEAST ONE UTILITY BILL (ELECTRIC, CABLE, TELEPHONE)** showing the utility is in the applicant's name ONLY.
3. **CHECKING AND SAVINGS ACCOUNT STATEMENTS** showing the applicant has these accounts in the applicant's name ONLY.

In addition, the applicant must provide any two of the following:

1. **MORTGAGE STATEMENT & PAYMENT** showing the applicant is solely responsible for the mortgage.
2. **CREDIT CARD BILLS** showing the applicant does not share accounts with spouse.
3. **HOMEOWNERS INS BILL & PAYMENT** showing the applicant is solely responsible for the insurance.
4. **PROOF OF PAYMENT OF PROPERTY TAXES** showing the applicant is solely responsible for the taxes.
5. **BENEFICIARY DESIGNATION FORMS** for any of the following accounts: Retirement, Pension, Life Insurance, Annuity, Brokerage, and Mutual Funds

I understand that separate family units must have been established on or before January 1 of the effective year of the exemption and the burden of demonstrating that we have established separate "family units" is my responsibility.

I understand that I will attest to this **each year** and provide evidence of separate family residential units and that if my/our living arrangements were to change, I will notify the Polk County Property Appraiser immediately so my records may be reviewed and any changes made to the status of my homestead.

I understand that section [196.131\(2\), Florida Statutes](#), provides that any person who knowingly and willfully gives false information for the purpose of claiming homestead exemption is guilty of a misdemeanor of the first degree, punishable by a term of imprisonment not exceeding 1 year or a fine not exceeding \$5,000 or both.

Under penalty of perjury, I hereby swear or affirm that the above is true and correct and I make this statement of my own free will.

Signature of Applicant

Print Name

Address of Applicant

City, State and Zip Code

STATE OF FLORIDA

COUNTY OF POLK

The foregoing instrument was acknowledged before me this _____ day of _____ year _____,

by _____

Signature of Notary Public

Commissioned Name of Notary Public

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____

Commission Number: _____

Please complete this form and email to paexemptions@polk-county.net – OR –
mail to the Bartow Office address below.

NOTE: If you are separated, your exemption may not be approved without the submission of this form and the necessary documentation to establish separate family units. Thank you.

Bartow Office:

255 N. Wilson Ave. Bartow, FL 33830
Ph: 863-534-4777 Fax: 863-534-4753

Lakeland Office:

930 E. Parker St., Ste. 272 Lakeland, FL 33801
Ph: 863-802-6150 Fax: 863-802-6163

Lake Alfred Office:

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