



Fire Fee Assessment Exemption Policy

The purpose of this policy is to create a uniform method in awarding property owners exemption from the Fire Assessment Fee. For the purposes of this policy, the Fire Assessment Fee is referencing the amount billed to each resident's yearly property tax as a Non Ad Valorem assessment.

Residents may only apply for this exemption if the property is their permanent residence, if they are full exempt from Ad Valorem taxes, and if they qualify under one of the following:

- Disability
- Low-Income Senior
- Veteran's Disability

Each applicant must submit all required documents set forth within this policy based on their qualifying exemption. Applications missing any documentation what so ever will be considered incomplete and will not be processed. The deadline for submittal of these applications is 180 days after issuance of the property tax bill.

Upon approval of exemption, the City will then notify Broward County Property Appraisers office and they will adjust the tax bill as stated. In the event that an application for exemption is denied, the applicant will receive notice from the Finance Department along with the reason for the denial.

The below documents are required for submittal:

Mandatory Documents For all Applicants

Non-Ad Valorem Tax Appeal Form (included)

Fire Fee Exemption Affidavit (included)

Financial Documentation

- Most Recent Tax Return and
- Two Most Recent Bank Statements and
- Social Security (SSA 1099) and/or Retirement Benefits (if applicable)

Proof of Residency

- FL Driver's License/FL ID card or
- FL Voter's Registration or
- Recorded Declaration of Domicile.

Additional Requirements:

Disability

- Letter from a FL licensed physician stating that you are disabled, or
- Certificate of disability from the Division of Blind Services of the Department of Education.

Low Income Senior

- Proof of age over 65 years or older
- Proof of annual income including IRS tax transcripts, social security benefit and other income.

Veteran's Benefits

- Certificate of disability from the U.S. Government or the Department of Veterans Affairs
- Proof that disability was combat related and that veteran was honorably discharged



**CITY OF LAUDERHILL
NON-AD VALOREM TAX APPEAL FORM**

PROPERTY I.D. NUMBER: _____

OWNER(S)

NAME: _____

NUMBER: _____

MAILING

ADDRESS: _____

BUSINESS

NAME: _____

PARCEL

ADDRESS: _____

- FIRE RESCUE
- GARBAGE
- STORMWATER
- SAFE NEIGHBORHOOD
- NUISANCE ABATEMENT

Do not write in this box. For city use only

APPROVED

DENIED

CITY MANGER

I, _____, hereby appeal the Non-Ad Valorem Assessment tax levied by the City of Lauderhill for the following reason(s):

- This parcel is vacant (no buildings, structures, underground tanks, or towers) but it has been assessed as developed. Indicate the number of acres in this parcel: _____
- These parcels are contiguous vacant lots that have been subdivided but no building permits have been issued for any of these parcels. Indicate the total number of acres in these parcels if all the parcels were combined: _____
- The parcel is tax exempt. Please attach proof of tax exempt status.
- The property is a single family home on two or more parcels. Provide all parcel numbers.
- The property owner believes the assessment is calculated incorrectly and requests a review by the City. Please complete the following and provide documentation.

Describe property (such as residential with more than one unit, manufacturing, warehousing, store, etc.):

Indicate Number of Stories: _____. Indicate square footage of improvements: _____

If you are contesting the square footage of improvements on your parcel, documentation from the Property Appraiser's Office or City Planning Dept. must accompany this appeal.

- Other. Please describe (attach additional page if necessary): _____

I am the property owner or the property owner's authorized representative, and as such under penalty of perjury, I declare that the above information is true and correct to the best of my knowledge.

OWNER'S OR AUTHORIZED REPRESENTATIVE'S SIGNATURE

DATE

WHEN COMPLETED, ATTACH A COPY OF YOUR PROPERTY TAX BILL AND ANY REQUIRED DOCUMENTATION TO THIS FORM AND MAIL TO: CITY OF LAUDERHILL, MANAGEMENT & BUDGET, 5581 W. OAKLAND PK. BLVD., LAUDERHILL, FL 33313. A FORM WHICH DOES NOT HAVE THE REQUIRED DOCUMENTATION SHALL BE CONSIDERED INCOMPLETE AND THE APPEAL DENIED BY THE CITY.

STATE OF FLORIDA:

COUNTY OF BROWARD:

AFFIDAVIT IN SUPPORT OF FIRE FEE ASSESSMENT EXEMPTION

BEFORE ME, the undersigned authority personally appeared _____, who upon being duly sworn, deposes and says as follows:

1. I am the owner of residential property located at _____, Lauderhill, Florida (hereinafter "Applicant").

2. I affirm that the residential property referenced in Paragraph 1 is owner occupied, and is my permanent residence.

3. I affirm that this property is fully exempt from Ad Valorem taxes.

4. I affirm that I qualify for the Fire Fee Assessment Exemption based upon one of the following qualifications, as indicted in my Application:

- a. Disability
- b. Low-Income Senior
- c. Veteran's Disability

5. I further affirm that all of the foregoing, as well as all of the information, statements, and representations in my Application are true and correct to the best of my knowledge. I understand that if any information is misrepresented or not true, that the exemption/tax adjustment may be reversed and that I will be responsible to pay any and all reversed amounts due in full. If any of the foregoing information changes and I no longer qualify for this exemption, it is my responsibility to notify the City of Lauderhill of the change of status immediately. I will be responsible to pay for any exemption/tax adjustments which are made but for which I am no longer qualified for.

Owner(s) – Print Name

Owner (s) – Signature

Date

STATE OF FLORIDA :

COUNTY OF BROWARD :

The foregoing instrument was acknowledged before me by _____, to me PERSONALLY KNOWN or PRODUCED IDENTIFICATION and who appeared by means of physical presence or online notarization, to me well known to be the person described in and who signed the foregoing instrument for the uses and purposes mentioned therein, and who did take an oath.

WITNESS my hand and official seal in the county and state last aforesaid, this _____ day of _____, 2021.

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____