



# Extenuating Circumstances Affidavit

Parcel Number: \_\_\_\_\_

Date: \_\_\_\_\_

Property Address: \_\_\_\_\_  
\_\_\_\_\_

Name: \_\_\_\_\_

Per Florida Statute 196.011, by completing this affidavit, the below reasons must be approved by Alachua County Property Appraiser's staff for my homestead exemption application to be accepted. I understand all the information on the homestead exemption application must be completed and/or supplied by me to the Property Appraiser's Office for review. After reviewing this affidavit, the Property Appraiser's staff has the discretion to accept or deny my late filed homestead exemption application. If this affidavit is not approved by the Property Appraiser's staff, information on how to obtain and submit a petition to the Alachua County Value Adjustment Board (VAB) will be given to me within a reasonable time period of submitting this Extenuating Circumstances Affidavit.

Explanation of extenuating circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By signing my name or retyping my name below constitutes the extenuating circumstances above are true in totality.

\_\_\_\_\_  
Sign or retype your name exactly as it appears on your title

Administration Only

Staff Approving Extenuating Circumstances: \_\_\_\_\_

Date Approved: \_\_\_\_\_