

# 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/](http://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 from 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 beneficiary (s), please attach 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.