

APPLICATION FOR HOMESTEAD EXEMPTION

The homestead exemptions provided for in this Application form are those authorized by Georgia law. Counties are authorized to provide for local homestead exemptions that may vary from the ones shown on this application. Applicants seeking a homestead exemption in lieu of or in addition to these should contact the local Tax Commissioner or Tax Receiver for additional information. If this application is denied, an appeal may be filed in accordance with O.C.G.A. Section 48-5-311.

SECTION A

APPLICANT INFORMATION

List below the address of any other property where you or your spouse have applied for and been granted a homestead exemption of the current year:

Are you and your spouse a Georgia resident, US citizen or alien with legal authorization from the US Immigration and Naturalization Service? [] YES [] NO

If you are a non-citizen with legal authorization from the US Immigration and Naturalization Service, please provide your Legal Alien Registration #

| | | | |
|------------|----------------------------------|---------|----------------------------------|
| Applicant: | Name: | Spouse: | Name: |
| | Street Address: | | Street Address: |
| | City, State, Zip: | | City, State, Zip: |
| | Social Security No.: | | Social Security No.: |
| | Date of Birth: | | Date of Birth: |
| | County where registered to vote: | | County where registered to vote: |
| | Phone Number: | | Phone Number: |

If you answer Yes to any of the questions below, please follow the instructions to determine if you qualify for an increased homestead amount. Please see Tax Commissioner or Receiver for additional information and qualifications requirements.

- [] YES 1. Were you or your spouse age 62 or older as of Jan 1 of the year of this application? Go to Sections C1 and/or C2 on the back of this application to determine whether you meet the gross and/or net income requirements.
- [] YES 2. Were you or your spouse age 65 or older as of Jan 1 of the year of this application?
- [] YES 3. Are you or your spouse a 100% disabled veteran?
- [] YES 4. Are you the unmarried surviving spouse of a 100% disabled veteran?
- [] YES 5. Are you the unmarried surviving spouse of a US service member killed in action?
- [] YES 6. Are you the unmarried surviving spouse of a firefighter or peace officer killed in the line of duty?

SECTION B

PROPERTY INFORMATION

| | |
|--|--|
| Location of Property (Street Address): | Lot Size or Number of Acres: |
| Date Property Purchased: | Map/Parcel Number: |
| Purchased Price: | Land Lot Number |
| Kind of Title Held: | Deed Recorded: |
| Is any part of the property used for business purposes? [] YES [] NO | Is any part of the property rented? [] YES [] NO |
| If yes, what kind of business & how much of the property is used? | If yes, what kind is rented? |
| From Whom Purchased: | Land District Number: |
| Amount of Lien: | |
| To Whom is Lien Due: | |

AFFIDAVIT OF APPLICANT

I, the undersigned, do solemnly swear that the above statements made in support of this application are true and correct, that I am the bona fide owner of the property described in this application, that I actually occupied same on January 1 of the year for which application is made, that I am an eligible applicant for the homestead exemption applied for, qualifying or meeting the definition of the word "applicant" as defined in O.C.G.A. Section 48-5-40 and that no transaction has been made in collusion with another for the purpose of obtaining a homestead exemption contrary to law. Sworn to and subscribed to before me this ___ day of ___, 20__.

Applicant Signature: _____

Tax Commissioner or Receiver [] APPROVED [] DENIED Board of Tax Assessors Date

THIS SECTION FOR TAX ASSESSOR USE ONLY:

| | | |
|----------------|------|--------|
| STATE TAX >>> | CODE | AMOUNT |
| COUNTY TAX >>> | | |
| SCHOOL TAX >>> | | |