LGS-Homestead Rev 10-08 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 local homestead exemption 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. § 48-5-311.									
SECTION			ANT INFORM						
List below the address of any other property where you or your spouse have applied for and been granted a homestead exemption for the current year:									
Are you and your spouse a Georgia resident, US citizen or non-citizen 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:	ouse: Name:					
Street Address:			1	Street Address:					
-	City, State, Zip:			City, State, Zip:					
	Social Security No.:			Social Security No.:					
	Year of Birth:	Phone Number:		Year of Birth:	Phone Number:				
	County where you are registered			County where you	are registered to vote:				
-	County where car is registered:		ise are in the m		the state shown as your home of record:				
If you answ	ver Ves to Question #1. please fo	llow the instructions to determine	if you qualify fo	or an increased hor	mestead amount. Please see the Tax Commissioner or				
-	r additional information and qua		ir you quairry is	or all increased not	inostedd dinodne. I ledge see the Tax Commissioner of				
			of this applicat	ion? Go to Section	as C1 and/or C2 on the back of this application to determine				
. ,~		oss and/or net income requirements			Tr				
[] YES				narried surviving s	pouse of a 100% disiabled veteran?				
[] YES	3. Are you the unremarried surv	iving spouse of a US service mem	ber killed in act	tion?					
[] YES	4. Are you the unremarried surv	iving spouse of a firefighter or pea	ace officer kille	d in the line of dut	y?				
SECTION	B:	PROPE	RTY INFORM	ATION					
Location of	Property (Street Address):			Lot Size or Numb	per of Acres:				
Date Proper	rty Purchased:	From Whom Purchased:		Map/Parcel Numb	per:				
Purchase Price: Amount of Lien:			Land Lot Number						
Kind of Title Held: To Whom is Lien due:			Deed Recorded: Book: Page:						
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 part is rented?					
		AFFIDA	VIT OF APPI	LICANT					
I, the undersi	igned, do solemnly swear that the st	atements made in support of this appl	ication are true ar	nd correct, that I am	the bona fide owner of the property described				
					m 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. § 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's Signature:									
Tax Commissioner or Tax Receiver [] APPROVED [] DENIED Board of Tax Assessors Date									
THIS SECTION FOR TAX ASSESSORS USE ONLY: CODE AMOUNT									
		STATE TAX >>							

COUNTY TAX >> SCHOOL TAX >>

SECTION C1:	COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR NET INCOME REQUIREMENT
If filing Joint Incom	ne Tax Return, Applicant must complete Column 1A only. If filing separately, both Columns 1A and 1B must be completed
	INCOME FOR TAX YEAR ENDING DECEMBER 31, 20

1						
		COLUMN 1A	COLUMN 1B			
		APPLICANT	SPOUSE			
Line 1	Total Income from Public or Private retirement, disability or pension system					
Line 2	Total Income from Social Security					
Line 3	Total Income from both retirement and Social Security (Line 1 plus Line 2)					
Line 4	Maximum Social Security amount (from Tax Receiver)					
Line 5	Retirement Income over maximum Social Security (Line 3 less Line 4) - If less than 0, use 0					
Line 6	Other income from all sources					
Line 7	Adjusted Income (Line 5 plus Line 6)					
Line 8	Standard or Itemized Deductions from Georgia Income Tax Return					
Line 9	Personal Exemption amount from Georgia Income Tax Return					
Line 10	Net Income (Line 7 less Lines 8 and 9)					

If filing Joint Income Tax Return, Line 10, Column 1A must be less than \$10,000. If filing Separately, Total of Line 10, Column 1A plus 1B must be less than \$10,000

SECTION C2: COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR FEDERAL ADJUSTED GROSS INCOME REQUIREMENT

For each member residing in the household, complete the social security number & federal adjusted gross income in the spaces below

	INCOME	FOR TAX YEAR ENDING DECEMBER 31, 20	SOCIAL SECURITY NUMBER	FEDERAL ADJUSTED GROSS INCOME
Line 1	Name of Household Member			
Line 2	Name of Household Member			
Line 3	Name of Household Member			
Line 4	Name of Household Member			
Line 5	Name of Household Member			
Line 6	Name of Household Member			
Line 7	Name of Household Member			
ADJUS	STED GROSS INCOME-TOTAL OF LINE			