

**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 for 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

Applicant:	Name:	Spouse:	Name:	
	Street Address:		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 registered to vote:		County where registered to vote:	
	County where car is registered:		If you /or your spouse are in the military service, list state shown as your home of record:	

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 unremarried surviving spouse of a 100% disabled veteran?
- YES 5. Are you the unremarried surviving spouse of a US service member killed in action?
- YES 6. Are you the unremarried surviving spouse of a firefighter or peace officer killed in the line duty?

**SECTION B:****PROPERTY INFORMATION**

Location of Property (Street Address):		Lot size or Number of Acres:	
Date Property Purchased:	From Whom Purchased:	Map/Parcel Number:	
Purchased Price:	Amount of Lien:	Land Lot Number:	Land District Number:
Kind of Title Held:	To Whom is Lien due:	Deed Recorded: Book:	Page:
Is any part of the property used for business purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what kind of business & how much property is used?		Is any part of the property rented? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what part is rented?	

**AFFIDAVIT OF APPLICANT**

I, the undersigned, do solemnly swear that the 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 Jan 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 Tax Receiver

APPROVED

DENIED

\_\_\_\_\_  
Board of Tax Assessors

\_\_\_\_\_  
Date

**THIS SECTION FOR TAX ASSESSORS USE ONLY:****CODE****AMOUNT**

STATE TAX>>		
COUNTY TAX>>		
SCHOOL TAX>>		

