

**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 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 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:	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:
	County where you are registered to vote:		County where you are registered to vote:
	County where car is registered:	If you and/or your spouse are in the military service, list the state shown as your home of record:	

If you answer Yes to Question #1, please follow the instructions to determine if you qualify for an increased homestead amount. Please see the Tax Commissioner or Receiver for additional information and qualification 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 certain gross and/or net income requirements. |
| ☐ YES | 2. Is the applicant or spouse a 100% disabled veteran or is the applicant the unremarried surviving spouse of a 100% disabled veteran? |
| ☐ YES | 3. Are you the unremarried surviving spouse of a US service member killed in action? |
| ☐ YES | 4. Are you the unremarried 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:	From Whom Purchased:	Map/Parcel Number:	
Purchase 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? ☐ 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?	

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 shall occupy or 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. § 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 >>		

If filing Joint Income 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_____

		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

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	FEDERAL
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____
19. _____	_____	_____
20. _____	_____	_____
21. _____	_____	_____
22. _____	_____	_____
23. _____	_____	_____
24. _____	_____	_____
25. _____	_____	_____
26. _____	_____	_____
27. _____	_____	_____
28. _____	_____	_____
29. _____	_____	_____
30. _____	_____	_____
31. _____	_____	_____
32. _____	_____	_____
33. _____	_____	_____
34. _____	_____	_____
35. _____	_____	_____
36. _____	_____	_____
37. _____	_____	_____
38. _____	_____	_____
39. _____	_____	_____
40. _____	_____	_____
41. _____	_____	_____
42. _____	_____	_____
43. _____	_____	_____
44. _____	_____	_____
45. _____	_____	_____
46. _____	_____	_____
47. _____	_____	_____
48. _____	_____	_____
49. _____	_____	_____
50. _____	_____	_____
51. _____	_____	_____
52. _____	_____	_____
53. _____	_____	_____
54. _____	_____	_____
55. _____	_____	_____
56. _____	_____	_____
57. _____	_____	_____
58. _____	_____	_____
59. _____	_____	_____
60. _____	_____	_____
61. _____	_____	_____
62. _____	_____	_____
63. _____	_____	_____
64. _____	_____	_____
65. _____	_____	_____
66. _____	_____	_____
67. _____	_____	_____
68. _____	_____	_____
69. _____	_____	_____
70. _____	_____	_____
71. _____	_____	_____
72. _____	_____	_____
73. _____	_____	_____
74. _____	_____	_____
75. _____	_____	_____
76. _____	_____	_____
77. _____	_____	_____
78. _____	_____	_____
79. _____	_____	_____
80. _____	_____	_____
81. _____	_____	_____
82. _____	_____	_____
83. _____	_____	_____
84. _____	_____	_____
85. _____	_____	_____
86. _____	_____	_____
87. _____	_____	_____
88. _____	_____	_____
89. _____	_____	_____
90. _____	_____	_____
91. _____	_____	_____
92. _____	_____	_____
93. _____	_____	_____
94. _____	_____	_____
95. _____	_____	_____
96. _____	_____	_____
97. _____	_____	_____
98. _____	_____	_____
99. _____	_____	_____
100. _____	_____	_____

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			
ADJUSTED GROSS INCOME-TOTAL OF LINES 1 THRU 7 MUST BE LESS THAN \$30,000>>>>>>>>>>>				