



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: Phone Number:
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

Table with 3 columns: CODE, AMOUNT. Rows include STATE TAX >>, COUNTY TAX >>, SCHOOL TAX >>

