LGS-Homestead Rev 10-08	APPLICATION FOR H	HOMESTEAD EXEMPTION					
The homestead exemptions provided for in	this Application form are those authorized	rized 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:	APPLICAN	NT 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 U	S citizen or non-citizen with legal authorizat	zation from the US Immigration and Naturalization Service? YES NO					
		tion 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		County where you are registered to vote:					
County where car is registered:		are in the military service, list the state shown as your home of record:					
		you qualify for an increased homestead amount. Please see the Tax Commissioner or					
Receiver for additional information and qua	-						
	-	this application? Go to Sections C1 and/or C2 on the back of this application to determine					
	oss and/or net income requirements.						
YES 2. Is the applicant or spouse a 1	00% disabled veteran or is the applican	ant the unremarried surviving spouse of a 100% disabled veteran?					
	viving spouse of a US service member k						
YES 4. Are you the unremarried sur	viving spouse of a firefighter or peace o	officer killed in the line of duty?					
SECTION B:	PROPERTY	Y 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: s purposes? YES NO	Deed Recorded: Book: Page:					
Is any part of the property used for business	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	T OF APPLICANT					
I, the undersigned, do solemnly swear that the s		ion 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	[] APPROVE.	ED [] DENIED Board of Tax Assessors Date					
THIS SECTION FOR TAX ASSESSORS USE ONLY: CODE AMOUNT							
	STATE TAX >>						
	COUNTY TAX >>						
	SCHOOL TAX >>						

SECTIO If filing	N C1: COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR NET INCOME RE g Joint Income Tax Return, Applicant must complete Column 1A only. If filing separately, both Column INCOME FOR TAX YEAR ENDING DECEMBER 31, 20		be completed
		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 Jo	int Income Tax Return, Line 10, Column 1A must be less than \$10,000. If filing Separately, Total of Line 10, Column 1	A plus 1B must be le	ess 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

	INCOME FOR TAX TEAK ENDING DECI	ENIDER 51, 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			
ADJU	USTED GROSS INCOME-TOTAL OF LINES 1 THRU 7 MUST BE LESS THA	N \$30,000>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>		