

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: | Year of Birth: |
| County where you are registered to vote: | County where you are registered to vote: |
| County where car is registered: | County where car is registered: |

| | |
|---------------|---------------|
| Phone Number: | Phone Number: |
|---------------|---------------|

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 65 or older as of Jan 1 of the year of this application?
- YES 2. Is the applicant or spouse a 100% disabled veteran or is the applicant the unmarried surviving spouse of a 100% disabled veteran?
- YES 3. Are you the unmarried surviving spouse of a US service member killed in action?
- YES 4. Are you the unmarried surviving spouse of a firefighter or peace officer killed in the line of duty?

SECTION B:

PROPERTY INFORMATION

Location of Property (Street Address): _____

Is any part of the property used for business purposes? YES NO
 If yes, what kind of business & how much of the property is used? _____

Is any part of the property rented? YES 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 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 _____ Date

THIS SECTION FOR TAX ASSESSORS USE ONLY:

| | |
|------|--------|
| CODE | AMOUNT |
| | |