

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 the address of any other property where you and/or your spouse have a homestead exemption for the current year: _____

List address(es) of all other property owned by you and/or your spouse: _____

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: _____	Former Name(s): _____	Spouse:	Name: _____	Former Name(s): _____
	Street Address: _____			Street Address: _____	
	City, State, Zip: _____			City, State, Zip: _____	
	Social Security No.: _____			Social Security No.: _____	
	Date of Birth: _____	Phone Number: _____		Date of Birth: _____	Phone Number: _____
	County where you are registered to vote: _____			County where you are registered to vote: _____	
	County where car is registered: _____	Drivers Lic. No.(s) _____		If you and/or your spouse are in the military, list home of record state: _____	

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? <input type="checkbox"/> YES <input type="checkbox"/> NO		Is any part of the property rented? <input type="checkbox"/> YES <input type="checkbox"/> 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 >>		

THIS SECTION FOR TAX COMMISSIONER'S USE ONLY:

GRATIS CHECK: _____
TXMX OR PROP CHECK: _____
VOTER REGISTRATION CHECK: _____
IF A&I, INFORMED TAXPAYER OF PROOF OF INCOME: _____

SECTION C1:

COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR NET INCOME REQUIREMENT

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, Columns 1A & 1B must be less 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 _____

		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		

ADJUSTED GROSS INCOME - TOTAL OF LINES 1 THRU 5 MUST BE LESS THAN \$30,000 >>>>>>>>>>>>>>