



LGS-Homestead Rev 10-08 **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 # _____

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|---|--|
| Applicant: Name: _____ Street Address: _____ City, State, Zip: _____ Social Security No.: _____ Year of Birth: _____ Phone Number: _____ County where you are registered to vote: _____ County where car is registered: _____ | Spouse: Name: _____ Street Address: _____ City, State, Zip: _____ Social Security No.: _____ Year of Birth: _____ Phone Number: _____ County where you are registered to vote: _____ If you and/or your spouse are in the military service, list the state shown as your home of record: _____ |
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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: _____ |
| Purchase Price: _____ | Map/Parcel Number: _____ |
| Kind of Title Held: _____ | Amount of Lien: _____ |
| To Whom is Lien due: _____ | Land Lot Number: _____ Land District Number: _____ |
| Is any part of the property used for business purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO | Deed Recorded: Book: _____ Page: _____ |
| If yes, what kind of business & how much of the property is used? _____ | Is any part of the property rented? <input type="checkbox"/> YES <input type="checkbox"/> 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 Board of Tax Assessors Date

| THIS SECTION FOR TAX ASSESSORS USE ONLY: | CODE | AMOUNT |
|--|------|--------|
| STATE TAX >> | | |
| COUNTY TAX >> | | |
| SCHOOL TAX >> | | |

