

LGS-Homestead Rev 10-08	APPLICATION FOR HOMESTEAD EXEMPTION	Homestead Year: _____
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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 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. Section 48-5-311.

SECTION A	APPLICANT INFORMATION	
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List below the address of any other property where you or your spouse have applied for and been granted a homestead exemption of the current year:

Are you and your spouse a Georgia resident, US citizen or alien with legal authorization from the US Immigration and Naturalization Service?	[] YES [] NO
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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	
	GA DL #			GA DL #	
	Year of Birth		Phone Number ()-	Year of Birth	Phone:
	County where registered to vote:			County where registered to vote:	
	County where car is registered:			If you or your spouse are in the military service, list 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 Tax Commissioner or Receiver for additional information and qualifications 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 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	
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Location of Property (Street Address):			Lot Size or Number of Acres:		
Date Property Purchased:		From Whom Purchased:		Map/Parcel Number	
Purchased Price		Amount of Lien:		Land Lot:	Land District:
Kind of Title Held		To Whom is Lien Due:		Deed Recorded:	
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 kind is rented?	

	AFFIDAVIT OF APPLICANT	
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I, the undersigned, do solemnly swear that the above settlements 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 actually occupied same on January 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. Section 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 Signature: _____

THIS SECTION TAX ASSESSOR USE ONLY:	CODE	AMOUNT	
	STATE TAX >>		
	COUNTY TAX >>		
	SCHOOL TAX >>		

SECTION C1: COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR NET INCOME REQUIREMENT PIN: 002000011A

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 - 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, Column 1A plus 1B must be less than \$10,000.

SECTION C2 COMPLETE THIS SECTION TO DETERMINE ELIGIBILITY FOR FEDERAL ADJUSTED GROSS INCOME REQUIREMENT

For each member in the household, complete the social security number & federal adjusted gross income in the spaced 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		
Line 6	Name of Household Member		
Line 7	Name of Household Member		

ADJUSTED GROSS INCOME - TOTAL OF LINES 1 THRU 7 MUST BE LESS THAN \$30,000 >>>>>>>>