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 # _____

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 to vote:			County where you are registered to vote:	
	County where car is registered:	If you and/or your spouse are in the military service, list the 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 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? ☐ 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: _____

_____ [ ] APPROVED [ ] DENIED _____ _____

Tax Commissioner or Tax Receiver Board of Tax Assessors Date

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

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 APPLICANT	COLUMN 1B 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, 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 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			
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>>>>>>>>>>>>>				

Print Form

Clear Form