LGS-Homestead Rev 10-08 APPLICATION FOR HOMEST	EAD EXEMPTION				
The homestead exemptions provided for in this Application form are those authorized by Ge	orgia law. Counties are authorized to provide for local homestead				
exemptions that may vary from the ones shown on this application. Applicants seeking a loc					
Commissioner or Tax Receiver for additional information. If this application is denied an ap	peal may be filed in accordance with O.C.G.A. § 48-5-311.				
SECTION A: APPLICANT INFOR	MATION				
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 t	he 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:				
	nilitary 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 of the spouse of the spouse age 62 or older as of Jan 1 of the year of this application.	tion? 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.	won. So to beenons of unable of on the buck of this upproation to determine				
[ ] YES 2. Is the applicant or spouse a 100% disabled veteran or is the applicant the unre	marriad surviving spause of a 100% disabled vatoran?				
[] YES 3. Are you the unremarried surviving spouse of a US service member killed in a					
[] 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	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 part is rented?				
AFFIDAVIT OF APPLICANT					
I, the undersigned, do solemnly swear that the statements made in support of this application are true a					
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					
of obtaining a homestead exemption contrary to law.					
	icant'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 >>	+				

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## **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** Total Income from Public or Private retirement, disability or pension system Line 1 Total Income from Social Security Line 2 Total Income from both retirement and Social Security (Line 1 plus Line 2) Line 3 Maximum Social Security amount (from Tax Receiver) Line 4 Retirement Income over maximum Social Security (Line 3 less Line 4) - If less than 0, use 0 Line 5 Other income from all sources Line 6 Adjusted Income (Line 5 plus Line 6) Line 7 Standard or Itemized Deductions from Georgia Income Tax Return Line 8 Personal Exemption amount from Georgia Income Tax Return Line 9 Net Income (Line 7 less Lines 8 and 9) Line 10 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 VEAR ENDING DECEMBER 31 20

INCOME FOR TAX TEAR ENDING DECEMBER 51, 20		SOCIAL	FEDERAL	
			SECURITY	ADJUSTED
			NUMBER	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			
ADJUS	ADJUSTED GROSS INCOME-TOTAL OF LINES 1 THRU 7 MUST BE LESS THAN \$30,000>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>>			