LGS-Homestead Rev 10-08	APPLICATION FOR HOMESTEAD EXEMPTION
The homestead exemptions provide	ded for in this Application form are those authorized by Georgia law. Counties are authorized to provide for local homestead
exemptions that may vary from th	e ones shown on this application. Applicants seeking a local homestead exemption should contact the local Tax
Commissioner or Tax Receiver for	or 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	er 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 r	esident, US citizen or non-citizen with legal authorization from the US Immigration and Naturalization Service? [] YES [] NO

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Are you and your spouse a Georgia resident, US	citizen or non-citizen with legal authorizati	ion from th	e US Immigration and Natura	lization Service? [] YES [] NO	
If you are a non-citizen with legal authorization f	rom the US Immigration and Naturalizatio	n Service,	please provide your Legal Alie	en Registration #	
Applicant: Name:		Spouse:	Name:		_
Street Address:			Street Address:		
City, State, Zip:			City, State, Zip:		
Social Security No.:			Social Security No.:		
	Phone Number:		Year of Birth:	Phone Number:	
County where you are registered			County where you are reg		
County where car is registered:	If you and/or your spouse ar	re in the m	ilitary service, list the state	shown as your home of record:	_
Receiver for additional information and qual	ification requirements.			amount. Please see the Tax Commissioner or d/or C2 on the back of this application to determine	_
whether you meet certain group	ss and/or net income requirements.			••	
[] YES 2. Is the applicant or spouse a 10	0% disabled veteran or is the applicant	t the unren	narried surviving spouse of	`a 100% disabled veteran?	
[] YES 3. Are you the unremarried survi	ving spouse of a US service member k	tilled in ac	tion?		
[] YES 4. Are you the unremarried survi	ving spouse of a firefighter or peace of	fficer kille	d in the line of duty?		
SECTION B:	PROPERTY	INFORM	IATION		_
Location of Property (Street Address):			Lot Size or Number of Ac	res:	
Date Property Purchased:	From Whom Purchased:		Map/Parcel Number:		
Purchase Price:	Amount of Lien:		Land Lot Number:	Land District Number:	
	Γο 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 If yes, what part is rented?	rented? [] YES [] NO	
	AFFIDAVIT	OF APP	LICANT		_
I, the undersigned, do solemnly swear that the sta in this application, that I shall occupy or actually for, qualifying or meeting the definition of the wo of obtaining a homestead exemption contrary to l Sworn to and subscribed to before me this	occupied same on Jan 1 of the year for whord "applicant" as defined in O.C.G.A. § 4 aw.	ich applica 8-5-40 and	tion is made, that I am an elig	ible applicant for the homestead exemption applied	
Tax Commissioner or Tax Receiver	[] APPROVE	D [][DENIED Board of Tax	x 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 Inco	ome 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)		
1			

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

	g.	INCO	OME FOR TAX YEAR ENDING DECEMBER 31, 20	SOCIAL SECURITY	FEDERAL ADJUSTED
Line 1	Name of Household Member			NUMBER	GROSS INCOME
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	STED GROSS INCOME-TOT	AL OF	LINES 1 THRU 7 MUST BE LESS THAN \$30,000>>>>>>>		