LGS-Homestead Rev 1-07 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 homestead exemption in lieu of or in addition to these 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							
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 alien with legal authorization from the US Immigration and Naturalization Service? [ ] YES [ ] NO							
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 registered to vote:	County where registered to vote:						
	ouse are in the military service, list state shown as your home of record:						
If you answer Yes to any of the questions below, please follow the instructions see Tax Commissioner or Receiver for additional information and qualification							
1. Were you or your spouse age 62 or older as of Jan 1 of the year of this whether you meet the gross and/or net income requirements	s application? Go to Sections C1 and/or C2 on the back of this application to determine						
[ ] YES 2. Were you or your spouse age 65 or older as of Jan 1 of the year of this	s application?						
YES 3. Are you or your spouse a 100% disabled veteran?	b upplication.						
YES 4. Are you the unremarried surviving spouse of a 100% disabled veteral	n?						
[ ] YES 5. Are you the unremarried surviving spouse of a US service member ki							
YES 6. Are you the unremarried surviving spouse of a firefighter or peace of							
SECTION B: PROPERTY IN	, and the second						
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 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 property is used?	If yes, what part is rented?						
AFFIDAVIT OF A							
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 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. 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 thisday of,20 Applicant Signature:							
Tax Commissioner or Tax Receiver [ ] APPROVED [ ] DENIED Board of Tax Assessors Date							
THIS SECTION FOR TAX ASSESSORS USE ONLY: CO	DDE 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

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		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)			
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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>>>>>>>>>				