



5000 Austell Powder Springs Rd., Ste 300
Austell, Georgia 30106 (770) 944-4300
www.austellga.gov

AGE / VETERAN HOMESTEAD EXEMPTION APPLICATION
PLEASE PRINT OR TYPE CLEARLY

Applicant Information

- Owner's Name(s): _____
- Property Address: _____
- Parcel ID (if known): _____

Property Information

- Is the property rented? Yes No
- Do you occupy the property as your primary residence (homestead) as of January 1 of the tax year for which relief is claimed? Yes No

Type of Exemption Requested (check one)

- Age 65 or Older Homestead Exemption due by April 1
- 100% Disabled Veteran due by April 1 (must provide Department of Veterans Affairs Letter)

Income Information (for Age 65+ exemption, income shall NOT exceed \$10,000 annually, not including Social Security, Retirement, Pensions, and Disability Income)

- Total income of applicant and spouse for previous taxable year: \$ _____
- Social Security, pensions, disability income received: \$ _____



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AFFIDAVIT OF HOMESTEAD OWNERSHIP / OCCUPANCY / INCOME VERIFICATION

I, the undersigned, do hereby swear or affirm:

- That I am the bona fide owner of the described property and that I occupy it as my primary residence as of January 1 of the tax year for which this application is made.
- That the statements made in this application are true and correct to the best of my knowledge.
- That the income information provided above accurately reflects the net income of myself and my spouse (if applicable) for the immediately preceding taxable year, and I understand that certain types of income (e.g., retirement, pension, disability income) may be excluded under Georgia law up to the state-allowed limit.
- That I will notify the county Tax Commissioner or Assessor's office if for any reason I become ineligible for the exemption in future years.

Applicant's Signature: _____ Date: _____, 20____

Spouse's Signature (if applicable): _____ Date: _____, 20____

State of Georgia, County of _____
Sworn to and subscribed before me this _____ day of _____, 20____

Notary Public Signature: _____

My Commission Expires: _____

FOR OFFICE USE ONLY

Document /Verification Item Verified (✓) Staff Initials Date

Proof of Identification	<input type="checkbox"/>	_____
Tax Return	<input type="checkbox"/>	_____
Proof of Ownership	<input type="checkbox"/>	_____
Veteran's Letter (if applicable)	<input type="checkbox"/>	_____

Authorized Staff Signature: _____

Printed Name: _____

Date: _____