



CITY OF AUSTELL

2716 Broad Street, S.W. • Austell, Georgia 30106

City Hall: (770) 944-4300 • Fax: (770) 944-2282

Internet: <http://www.austellga.gov/>

AGE EXEMPTION APPLICATION FOR OVER 65

PLEASE PRINT OR TYPE CLEARLY

Date: _____
 Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone Number: (____) _____

Income shall not exceed \$10,000.00 annually not including Social Security.

In accordance with the provisions of the State Constitution and Laws authorizing Homestead Exemptions for the City of Austell, I hereby make application for Tax Exemption on the following described property.

Number of Acres	Land Lot Number	District Number	County
_____	_____	<input type="checkbox"/> 18th <input type="checkbox"/> 19th	<input type="checkbox"/> Cobb <input type="checkbox"/> Douglas
Lot Size	Address	Type of House	Number of Rooms
_____	_____	_____	_____

Date of Purchase: _____ From Whom? _____
 Kind of Deed or Conveyance: _____ Recorded in Book _____ Page _____
 Is any part of the above property rented? Yes No If yes, what part? _____
 Is any part of the above property used for business purposes? Yes No If yes, how much? _____
 What type of business? _____
 My total **annual** income is \$_____ including \$_____ from Social Security.

Proof of AGE and INCOME MUST be provided: Income Tax Forms Birth Certificate Drivers License Medicare

AFFIDAVIT OF HOMESTEAD EXEMPTION OVER 65

I, the undersigned, do solemnly swear that statements made in support of this application are true and correct; that I am the bonafide owner of the property described in this application; that I actually occupy the same on January 1 of the year for which application is being made; that I am eligible for homestead exemption applied for; and that no transition has been held in collusion with another for the purpose of obtaining a homestead exemption contrary to law.

Notary Public: _____

 Homeowners Signature

Sworn to and subscribed before me this
 _____ day of _____ 200__.

Notary Public Signature