

City of Roswell Application for Homestead Exemption for Persons 65 Years of Age or Older \$2,000 and \$20,000 Homestead Exemption

Applicants must apply between January 1 and June 1 of the tax year.

(Please print all answers)

Name:	Phone:			
Property Address:	Parcel#:			
In accordance with provisions of State law which authori Exemption to persons 65 years of age and older. Also, as persons 65 years of age and older if their adjusted gross application for the Homestead Exemption. This exemption older if the resident's adjusted gross income, together who resides within such household does not exceed \$40 exemption does not apply to taxes to pay off the City of accompanied by an affidavit and submitted herewith.	n exemption of \$20,000.00 Homestead Exemption to income does not exceed \$40,000.00, I hereby make in applies only to residents who are 65 years of age or ith the adjusted gross income of such resident's spouse ,000.00 for the immediately preceding taxable year. This			
1. Claimant's Date of Birth:	GA Driver's License#:			
2. Spouse's Name:				
Date of Birth:	GA Driver's License#:			
3. Is the property in this application the same as t Exemption application? ☐ Yes ☐ No				
4. Do you occupy and reside in such Homestead? ☐ Yes ☐ No				
5. Do you claim increased Homestead due to your being 65 years of age or older? ☐ Yes ☐ No				
6. Do you claim increased Homestead Exemption due to your being 65 years of age or older and have an adjusted gross income, together with the adjusted gross income of my spouse (if applicable), did not exceed \$40,000.00? ☐ Yes ☐ No				
I, the undersigned claimant (or authorized agent) do sol in support of this application are true and correct, that I	am the bona fide owner of the property and I actually for which this tax exemption is claimed. I swear that on I my adjusted gross income was \$40,000.00 or less. I			
Homestead Claimant Signature:				



Affidavit of Claimant State of Georgia, Fulton County

Personally appeared before the undersigned	d, an office	er duly authorized to	administer oaths	
(Printed Name of Ap			who, being duly sworn, stat	tes:
1. That I am a resident of the City of R	toswell, G	eorgia and that I	reside at:	
	(Prope	rty Address)		
2. That I am 65 years of age or older.	□ Yes	□ No		
3. That my adjusted gross income, tog applicable), did not exceed \$40,000				No
4. That I am giving this affidavit for th ad valorem taxes. ☐ Yes ☐ No		e of receiving a \$2	20,000.00 homestead exemption	on
Applicant Signature:		e of Full Name of Ap	oplicant)	
Sworn to and subscribed before me this		day of	, 20	
Notary Public:				
My commission expires: (Seal)				