

APPLICATION FOR \$25,000.00 HOMESTEAD EXEMPTION FOR CITIZENS 65 YEARS OR OLDER

Applicant: \_\_\_\_\_ Spouse: \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

1. Applicant's Date of Birth: \_\_\_\_\_ Applicant's Social Security No. \_\_\_\_\_

2. Spouse's Date of Birth: \_\_\_\_\_ Spouse's Social Security No. \_\_\_\_\_

To the Tax Commissioner of Camden County, Georgia:

In accordance with the provisions of the State Constitution authorizing increased Homestead Exemption of \$25,000.00 for persons 65 years of age or older, from City of St. Marys Ad Valorem taxes, I hereby make application for the exemption of \$25,000.00 and in support thereof submit the following information:

3. Tax map and parcel used by applicant as homestead: \_\_\_\_\_

4. Do you occupy and reside in such homestead full-time? Circle one: Yes or No

INCOME FOR YEAR ENDING DECEMBER 31, 20____		
	Claimant and/or joint return	Spouse if separate return
(1) Retirement Income from Georgia Income Tax Return	\$ _____	\$ _____
(2) Social Security Income	\$ _____	\$ _____
(3) Total Income from Retirement and Social Security	\$ _____	\$ _____
(4) Deduct maximum allowable under Social Security not to exceed line (3)	\$ _____	\$ _____
(5) Adjusted Income	\$ _____	\$ _____
(6) Other income from interest, rent wages, salaries, etc.	\$ _____	\$ _____
(7) Net Income for \$25,000 Exemption	\$ _____	\$ _____

**AFFIDAVIT OF CLAIMANT**

I, the undersigned claimant, do solemnly swear that the above statements made in support of this application are true and correct, that net income, along with my spouse (if applicable) does not exceed \$25,000, that I am the bonafide owner of the property for which this tax exemption is claimed, that I actually occupied same as my residence on January 1 of the year for which the tax exemption is claimed, that on January 1 of the year for which this tax exemption is claimed, I was 65 years of age or older, and that no transaction has been in collusion with another for the purpose of obtaining this tax exemption contrary to law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homestead Claimant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Homestead Claimant

Signed, sealed and delivered in the presence of:

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_