



CITY OF ROSWELL
APPLICATION FOR 100% DISABLED VETERANS EXEMPTION
Applicants must apply between January 1st and June 1st of the tax year.

Name: _____
PLEASE PRINT

Telephone: _____

Address: _____

Parcel#: _____

Date of Birth _____ GA Driver's License #: _____

1. Is the property in this application the same as the property in your Fulton County Homestead Exemption Application? _____

2. Do you occupy and reside at this property? _____

3. Please attach proof that you are a 100% Disabled Veteran. The maximum amount which may be granted to a disabled veteran under the federal law is \$67,555.00 effective 2014.

AFFIDAVIT OF CLAIMANT

I, the undersigned claimant (or authorized agent) do solemnly swear that the statements and information made in support of this application are true and correct, that I am the bona fide owner of the property and have occupied my residence as of January 1st of the year for which this tax exemption is claimed.

Claimant Signature

Sworn to and subscribed before me this _____ day of _____, 20_____

Notary Public

My commission expires: (Seal)