



**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 1st and June 1st of the tax year.

Name: _____ Phone: _____

PLEASE PRINT

Property Address: _____

Parcel#: _____

In accordance with provisions of State law which authorizes the City of Roswell to grant a \$ 2,000.00 Homestead Exemption to persons 65 years of age and older. Also, an exemption of \$20,000.00 Homestead Exemption to persons 65 years of age and older if their adjusted gross income does not exceed \$40,000.00, I hereby make application for the Homestead Exemption. This exemption applies only to residents who are 65 years of age or older if the resident's adjusted gross income, together with the adjusted gross income of such resident's spouse who resides within such household does not exceed \$40,000.00 for the immediately preceding taxable year. This exemption does not apply to taxes to pay off the City of Roswell's bonded indebtedness. Said application is accompanied by an affidavit and submitted herewith.

1. Claimant's Date of Birth: _____ 2. GA Driver's License#: _____

3. Spouse's Name: _____

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

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

5. Do you occupy and reside in such Homestead? _____

6. Do you claim increased Homestead Exemption due to your being 65 years of age or older and have an adjusted gross income of \$40,000.00 or less? _____

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 I actually occupied same as my residence on January 1st of the year for which this tax exemption is claimed. I swear that on January 1st of this year I was 65 years of age or older and my adjusted gross income was \$40,000.00 or less. I swear that no transaction has been made in collusion with another for the purpose of obtaining any of the Tax Exemption contrary to law.

Homestead Claimant Signature _____



**AFFIDAVIT
STATE OF GEORGIA, FULTON COUNTY**

Personally appeared before the undersigned, an officer duly authorized to administer oaths

(Name of Applicant) who, being duly sworn, states:

1) That I am a resident of the City of Roswell, Georgia and that I reside at:

Property Address

2) That I am 65 years of age or older. _____

3) That my adjusted gross income, together with the adjusted gross income of my spouse (if applicable), did not exceed \$40,000.00 for the immediately preceding taxable year. _____

4) That I am giving this affidavit for the purpose of receiving a \$20,000.00 homestead exemption on ad valorem taxes. _____

(Signature of Full Name of Applicant)

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

Notary Public

My commission expires: (Seal)