

2020 Application for Special Exemption – City of East Point

Parcel: _____ Home Phone Number: _____

Name: _____

Address: _____

Claimant's S.S # _____ Date of Birth: _____

Spouse's S.S #: _____ Date of Birth: _____

	Claimant	Spouse
A. Social Security	_____	_____
VA Disability		
Railroad Retirement		
B. Pension/Retirement/Disability	_____	
C. All other income	_____	_____
 Total of A&B	 _____	
(Maximum amount)	\$ 72,264.00	
1. A & B – Maximum =	_____	
(If less than zero (0) enter zero (0) on above line)		
2. Total of Line C	_____	
Total of line 1 & 2	_____	

I hereby make application for the exemption to which I am entitled for the year according to the information submitted above. I affirm that the statements shown above are true and correct, that I am a bona fide owner and occupant of this property as of January 1st of this year.

Signed _____

Homestead claimant or representative

Sworn to and subscribed before me,

this the ____ day of _____ 2020

Staff Signature

CITY OF EAST POINT
HOMESTEAD APPLICATION

PARCEL ID# _____

YEAR: 2020

PROPERTY DESCRIPTION:

HOME PHONE _____ WORK PHONE _____

Social Security# _____ Spouse Social Security# _____

Legal state of residence _____ Are you claiming homestead on any other property? ___

Vehicle registered in _____ County. Tag #(s) _____ DOB _____

Fraudulent claims of exemption: O.C.G.A. §48-5-51 states that if any person makes any false or fraudulent claim for exemption under the provisions of sections 48-5-44 to 48-5-50, exempting the homestead for taxation, or makes any false statement or false representation of a material fact of such claim; or any person who knowingly assists another in the preparation of any such false or fraudulent claim, or enters into any collusion with another by the execution of a fictitious deed, deed of trust, mortgage, or otherwise shall be guilty of a misdemeanor. In addition, property shall be taxed in an amount double the tax otherwise to be paid.

In accordance with the provisions of the state constitution and laws of this state authorizing homestead exemption, I hereby make application for tax exemption on the above property. I, the undersigned, do solemnly swear that the statements made in support of this application are true and correct, that I am the bona fide owner of the property described in this application; that I truly occupied same on January 1 of this year as a legal resident of Fulton County, and the City of East Point and the real property above was owned and occupied by me as a permanent residence and homestead. I further swear that this is not a false or fraudulent claim contrary to the laws providing for same and neither I nor my spouse claim any other homestead.

Signature: _____ Date: _____

Staff Signature _____

Exemption Code _____

HOMESTEAD FILING DEADLINE: April 1, 2020
The following documents are required with application
Copy of Warranty Deed
Copy of Motor Vehicle Registration
Photo Identification
Email to: propertytaxes@eastpointcity.org



CITY OF EAST POINT TAX OFFICE
1526 East Forrest Ave.
Suite 400
East Point, Georgia 30344

CLAIMANT NAME _____

ADDRESS: _____

PARCEL ID#: _____

This is to certify that in my opinion _____

Is mentally or physically incapacitated to the extent that he/she is unable to be gainfully employed and that such incapacity is likely to be permanent.

I further certify that I am licensed to practice medicine under Chapter 34 of Title 43 of the O.C.G.A., relative to medical practitioners, as now or hereafter amended.

I understand that a representative from the City of East Point Tax Office may contact my office to verify this information.

Signature of Doctor

Print Doctor's Name

Office Address

Office Phone Number

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

Notary Public

