

AFFIDAVIT FOR HOMESTEAD EXEMPTION AS TO THE AD VALOREM TAXES ASSESSED BY THE CITY OF BALDWIN, GEORGIA

Application must be received on or before April 1 to be applicable for the fiscal year that begins immediately following July 1.

Personally appeared before the undersigned officer, duly authorized to administer oaths, _____, who after being duly sworn on oath, makes out this application for a homestead exemption as to City Ad Valorem taxes assessed by the City of Baldwin, Georgia, and deposes and says: I am over eighteen (18) years of age and make this affidavit and application based upon my personal knowledge. I understand that I am making a homestead exemption as to the City Ad Valorem taxes assessed by the City of Baldwin, Georgia and that I am making this application under a sworn oath and that the making of any false claim, false statement, or false representation, or any combination thereof, in this application can cause me to be found guilty of a misdemeanor. In addition, as a further penalty for a false claim, my property may be taxed in an amount double the tax otherwise to be paid (see O.C.G.A, § 48-5-51). I further affirmatively state under oath:

_____	_____	_____	_____
Name	Date of Birth	Age	Map/Parcel ID
_____	_____	_____	_____
Physical Address	City	Month/Year Purchased	Date of Application

__ Homestead Exemption (\$5,000) In order to qualify for a Homestead Exemption, you must be the January owner for the year in which you intend for the exemption to apply. For example, if you purchase your home in February 2000, then you would not be eligible to receive the Homestead exemption until tax year 2001, when you would be considered the January 1st owner.

__ Senior Exemption (\$10,000) In order to qualify for a Senior Exemption, you must be a full-time resident who is 65 years of age or over on or before January 1 of the year in which the application for the exemption is made. To receive this exemption, you must provide a photo ID which includes your date of birth.

__ Disability Exemption (\$10,000) In order to qualify for the disability exemption, the person claiming such exemption is required to obtain a physician's certificate that certifies that in the opinion of such physician, such person is mentally or physically incapacitated to the extent that such person is unable to be gainfully employed and that such incapacity is likely to be permanent. In the discretion of City Council, or its duly designated agent, the City of Baldwin may require a total of three (3) physician's certificates to the opinion of the disability.

__ Disabled Veteran/Disabled Veteran Widow Exemption (100%) In order to qualify, the disabled veteran must own the home and use it as a primary residence. The exemption extends to surviving unmarried spouses and minor children as long as they remain in the homestead or a subsequent homestead in the same county. [Available to: Honorably discharged Georgia Veterans considered disabled by any of these criteria: VA-rated 100 percent disabled, VA rated less than 100 percent disabled but paid at the 100 percent rate due to unemployability, Entitled to receive a statutory award from VA for: Loss or permanent loss of use of one or both feet or hands, Loss of sight in one or both eyes, Permanent impairment of both eyes(Central visual activity of 20/200 or less in the better eye (with corrective glasses) or central vision acuity of more than 20/200 if there is a field defect in which the peripheral field has contracted to such an extent that the widest diameter of visual field subtends on angular distance no greater than 20 degrees in the better eye). Also available to: Surviving, un-remarried spouses of qualified deceased veterans and surviving minor children of qualified deceased veterans.]

****Must provide proof of qualifying service, proof of residency, and a copy of VA disability rating letter (or letter from authorized physician)*

Applicant does hereby certify and formally swears that the above information provided is true and correct and acknowledges that applicant can be subject to the crime of perjury for any false application, false claim, false statement, or false representation.

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

Notary Public
My Commission Expires: _____
{Affix Notary Seal}

Applicant Name

Date Approved

Applicant Signature

City Clerk, City of Baldwin, Georgia