

## INSTRUCTIONS FOR COMPLETING YOUR APPLICATION (MAINTAIN A COPY FOR YOUR RECORDS)

Applications must be received, or U.S. postmarked by **April 1<sup>st</sup>** for processing in that tax year. Metered or kiosk postmark is not accepted as proof of timely mailing. If received after filing deadline, application will be processed for the following year.

**Select Type of Exemption(s)** – select all exemption(s) for which you are applying **\*NOTE\* Only need to apply once as long as you own and occupy the property unless eligible for additional exemptions (disability, age 62 or age 65 exemptions)**

### Residence Information:

1. **Property Address** – property address where applicant(s) is applying for exemption(s)
2. **Primary/Legal Residence** – do applicant(s) live at this property
3. **Date Occupied Property** – date moved to this property as primary residence
4. **Number of Houses on Property** – total number of houses owned on this property
5. **Adjoining Lot Property** – any lots (properties) adjoining the primary residence. List parcel number(s)
6. **Mailing Address** – mailing address if different than property address
7. **Previous Address** – address where applicant(s) lived prior to moving to this property/home (enter SAME if adding an exemption to an existing Homestead)
8. **Date Moved** – date moved from their previous address
9. **Previous Residence** – Did applicant(s) rent, sell or still own the property listed as the previous address?

### Additional Properties:

10. **Does applicant/spouse claim residency or exemptions on any other property in any county or state?** – does applicant or spouse claim residency or have an exemption on the previous address or at another property they own.
11. **Address(es) of additional property owned by you or your spouse in or out of Georgia** – list address(es), include a separate piece of paper if needed.
12. **Exemption Removal Letter** – if applicant(s) owns any other properties outside of Cobb County, a letter from that tax office must be submitted stating the property will not have exemptions for the year in which you are applying.

**Proof of Residence** for applicant(s) is required to determine the owner's eligibility for exemptions applied for; must provide at least 2 different forms as proof of residence (i.e. **Vehicle registration, Georgia Driver's License, utility bills, etc.**) Write each applicant(s) name and complete the following:

### Applicant Information:

13. **Applicant Name** – as shown on the recorded deed
14. **Date of Birth** – birth date(s)
15. **Phone Number** – daytime phone number(s)
16. **Email** – email address(es)
17. **County/State of Voter Registration** – where applicant is currently registered to vote
18. **Attach Copy of Georgia Driver License or ID Number** – List state and driver license number/ID number (attach a photo copy)
19. **Marital Status** – select appropriate status
20. **Spouse's Name** – Indicate spouse's name if married even if they are not a listed owner on this property
21. **Active Military and Legal State of Residence** – if yes, list legal state of residence and where tags are exempted
22. **U.S. Citizen** – if not a Citizen, **A#** or **I94#** required (attach copy)
23. **Social Security Number** – only required for Veteran's Disability

Exemptions can be applied on only one homesteaded property, which means the applicant(s) must own, occupy, and claim the property as their legal residence on January 1 of the year for which application is made. A married couple is allowed Homestead exemption on only one residence.

Mail applications with all required documentation to:  
(faxed or emailed copy not accepted)

COBB COUNTY TAX COMMISSIONER  
PO BOX 100127  
MARIETTA, GA 30061

May apply in person at:

- West Park Govt Center – 736 Whitlock Ave, Marietta, GA 30064
- South Govt Center – 4700 Austell Rd, Austell, GA 30106
- East Govt Center – 4400 Lower Roswell Rd, Marietta, GA 30068

When filing by mail or in person, provide a copy of the following items along with the application:

- Georgia Driver License or Georgia ID
- Leave & Earnings Statement – non-Georgia resident military
- Completed Trust Affidavit (If property is held in a trust)
- Visa or Permanent Residence Card
- Homestead Exemption Removal Letter (If applicant/spouse owns property in another county/state)
- Final Divorce Decree or Spouse's Death Certificate (Required if applicant(s) has joint ownership)

Additional documentation is needed for the following:

### Veteran's Disability Eligibility

- Letter from Veteran's Administration indicating the effective date of the veteran's 100% service connected disability.
- Letter from Secretary of Defense evidencing the un-remarried surviving spouse receiving spousal benefits as a result of the death of their spouse.

### State Senior 65 \$4,000 (Income \$10,000 limit)

- Age 65 \$4,000 Income Affidavit – Fill out and return with application

### Cobb County Disability Eligibility \$22,000 (Income \$12,000 limit)

- A copy of your Federal and Georgia Income Tax Returns from the immediately preceding taxable year as proof of income. If you and/or your spouse do not file a Federal Tax Return, contact our office at 770-528-8600 for acceptable income verification documents.
- Proof of disability letter from a Georgia physician must state you are "mentally or physically incapacitated to the extent that you are unable to be gainfully employed and that such incapacity is likely to be permanent".

### Surviving Spouse of a Firefighter/Peace Officer Killed in the Line of Duty

- A copy of a death certificate and documentation from the municipality evidencing the Firefighter or Peace Officer was killed in the line of duty.

# COBB COUNTY HOMESTEAD EXEMPTION(S) APPLICATION

## DEADLINE APRIL 1



**Select all exemption(s) for which you are applying:**

Basic Homestead Exemption  
 State Senior Age 65 \$4000 Exemption (\$10,000 income limit)  
 State Veteran's 100% Service Connected or Surviving Spouse  
 Disability — Veteran or Surviving Spouse

School Tax Exemption **Either Applicant** must be age 62 by Jan 1  
 \$22,000 Disability (\$12,000 income limit)  
 State Surviving Spouse of a Peace Officer or Firefighter Killed in  
 the Line of Duty — Firefighter or Peace Officer

- Property address: \_\_\_\_\_  
Street Address City State Zip Code
- Primary residence? Yes No      3. Date occupied: \_\_\_\_\_      4. How many houses on property? \_\_\_\_\_
- Does applicant(s) own lot(s) adjoining? Yes No If yes, list parcel number(s): \_\_\_\_\_
- Mailing address: \_\_\_\_\_  
Street Address City State Zip Code
- Previous address: \_\_\_\_\_  
Street Address City State Zip Code      8. Date moved from previous address: \_\_\_\_\_
- Is previous residence: Select one      Sold      Still Owned      Apartment/Rental      Other/Explain: \_\_\_\_\_
- Does applicant/spouse claim residency or exemption on any other property in any county or state? Yes No
- Address of other property owned: \_\_\_\_\_  
Street Address City State Zip Code
- Letter from a tax office is required if applicant/spouse owns property not in Cobb County (attach letter).

Applicant Information	Applicant 1	Applicant 2
13. Applicant Name		
14. Date of Birth		
15. Phone Number		
16. Email		
17. County and State of Voter Registration		
18. Attach Copy of Georgia Driver License or ID Number	List Number for Each Applicant	List Number for Each Applicant
19. Marital Status	Single Married Divorced Widowed	Single Married Divorced Widowed
20. Spouse's Name (if married)		
21. Active Military? <small>If yes, list your legal state of residence and provide a copy of your LES.</small>	Yes No Residence State: _____ Do you claim an exemption on vehicles? Yes No	Yes No Residence State: _____ Do you claim an exemption on vehicles? Yes No
22. U.S. Citizen? <small>If no, list A# or I94# and attach a copy</small>	Yes No A# or I94#: _____	Yes No A# or I94#: _____
23. Social Security Number <small>Only for Veterans Disability 100% Service Connected Disability</small>	Social Security Number: _____ Effective Date: _____	Social Security Number: _____ Effective Date: _____

**I, the undersigned, do solemnly swear that the above statements are true and correct. I am a qualified applicant according to O.C.G.A. 48-5-40 and the bona fide owner of the above described property. I actually occupied said property on January 1 of the year for which this exemption is claimed. I understand that making false or fraudulent statements is a misdemeanor and subject to penalties and fines per O.C.G.A 48-5-51.**

sign here \_\_\_\_\_      \_\_\_\_\_      sign here \_\_\_\_\_      \_\_\_\_\_  
Applicant 1's Signature Date Applicant 2's Signature Date

OFFICE USE ONLY: NEW CHANGE ADDITION UPDATE DENIED TAX REP \_\_\_\_\_ Date \_\_\_\_\_ R/21  
 PARID# \_\_\_\_\_ HS CASE# \_\_\_\_\_ EX CODE# \_\_\_\_\_ YEAR BEG \_\_\_\_\_ TAX YEAR \_\_\_\_\_  
 SUPERVISOR/MANAGER APPROVAL \_\_\_\_\_ (VETERAN DISABILITY/COBB DISABILITY/SS) \_\_\_\_\_