

# COBB COUNTY AFFIDAVIT FOR HOMESTEAD EXEMPTION WHEN A MOTOR VEHICLE IS TITLED IN THE NAME OF A BUSINESS ENTITY AND AN INDIVIDUAL CO-OWNER



This Affidavit is submitted for the purpose of establishing eligibility for Homestead Exemption and payment of ad valorem tax on a vehicle titled in the name of a business entity and an individual co-owner.

Property Address: \_\_\_\_\_ Parcel ID: \_\_\_\_\_

I resided at the above described property on January 1 of the year for which application is made and declare this to be my legal domicile. I understand Homestead Exemption will be granted or denied based on the statements contained herein and those on the application.

In accordance with O.C.G.A. 48-5-444, I declare that the following motor vehicle(s) titled in the name of a business entity and an individual as co-owner are used solely in conjunction with my business and physically located for more than 184 days a calendar year in the county where the business is located. Ad valorem taxes will be paid in \_\_\_\_\_ county.

Name of Business: \_\_\_\_\_

Address: \_\_\_\_\_

List All Motor Vehicles and Tag Numbers: \_\_\_\_\_

I understand that, by law, the applicant must pay motor vehicle taxes on all personal vehicles in the county where they claim Homestead Exemption. I further understand the Tax Commissioner's office must be notified in the event the vehicles are no longer titled in the name of the business.

Please retain a copy of this affidavit for your records. A receipt will be sent to you after your application has been processed.

I do hereby swear or affirm under penalty of law that this information is true and correct to the best of my knowledge.

X \_\_\_\_\_  
Signature of Applicant/Co-owner of Vehicle                      Date                      Phone Number

\_\_\_\_\_                      \_\_\_\_\_  
Print Name of Applicant                      Email

\_\_\_\_\_ My Commission Expires:  
Notary Public

<b>OFFICE USE ONLY</b>	HS Case # _____	Existing HS Code # _____
Date Processed _____	New HS Code # _____	Base Yr # _____ Tax Yr # _____
<b>APPROVED</b>	<b>DENIED</b>	Parcel ID(s) _____

**COBB COUNTY TAX COMMISSIONER**

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**CARLA JACKSON**  
Tax Commissioner

**HEATHER WALKER**  
Chief Deputy