

Instructions for Completing Your Application

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. **Date moved** – date moved to this property as primary residence
3. **Primary/legal residence** – do applicant(s) live at this property
4. **Mailing Address** – mailing address if different than property address
5. **Adjoining lot property** – any lots (properties) adjoining the primary residence. List parcel number(s)
6. **Number of houses on property** – total number of houses owned on this property
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. **Previous residence** – Do applicant(s) rent, sell or still own the property listed as the previous address?
9. **Date moved** – date moved from their 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) had exemptions at their previous address or on another property a letter from the Tax office must be submitted stating the exemption has been removed (not required if previous address is a Cobb address).

Proof of Residence for applicant(s) is required to determine the owner's eligibility for exemptions applied for (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 Vehicle Registration – List State and auto tag numbers** – state and license plate number(s) on all vehicles owned (attach a copy of the current registration reflecting the property address as proof of residency)
 19. **Attach copy of Georgia Driver License or ID number** – List state and driver license number/ID number (attach a photo copy)
 20. **Marital Status** – select appropriate status
 21. **Spouses Name**- indicate spouses name if married even if they are not a listed owner on this property
 22. **Active military and legal state of residence** – if yes, list legal state of residence and where tags are exempted
 23. **U.S. Citizen** – if not a Citizen, **A#** or **I94#** required (attach copy)
 24. **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.**

Instructions for Filing Your Application

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 at Main: 736 Whitlock Ave Marietta GA 30064,
South Govt Center East Govt Center
4700 Austell Rd or 4400 Lower Roswell Rd
Austell, GA 30106 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**
- **Georgia Vehicle Registration** *vehicles required to be registered at primary residence (provide registration for All vehicles owned by you and/or spouse)*
- **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 a previous resident in another county/state had a Homestead Exemption)*
- **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.

Additional Information:

- **Applications must be received, or U.S. postmarked by April 1st 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.**



APPLICATION FOR COBB COUNTY HOMESTEAD EXEMPTIONS

Instructions for completing application appear on next page (COMPLETE ALL FIELDS in blue or black ink)

SELECT ALL EXEMPTION(S) FOR WHICH YOU ARE APPLYING

- | | |
|---|--|
| <input type="checkbox"/> Cobb County Basic Homestead Exemption
<input type="checkbox"/> State Senior Age 65 \$4000 Exemption (\$10,000 income limit)
<input type="checkbox"/> State Veteran's 100% Service Connected or Surviving Spouse Disability
<input type="checkbox"/> Veteran <input type="checkbox"/> Surviving Spouse | <input type="checkbox"/> Cobb County School Tax (Age 62) Exemption (either applicant)
<input type="checkbox"/> Cobb County \$22,000 Disability (\$12,000 Income limit)
<input type="checkbox"/> State Surviving Spouse of a Peace Officer or Firefighter Killed in the Line of Duty
<input type="checkbox"/> Firefighter <input type="checkbox"/> Peace Officer |
|---|--|

RESIDENCE INFORMATION

1. Property address:	2. Date applicant(s) began to occupy property.	3. Is property your primary residence? <input type="checkbox"/> Yes <input type="checkbox"/> No
4. Mailing address if different than property address:	5. Does applicant/spouse own lot(s) adjoining the current residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, indicate parcel number(s)	6. How many houses on Property?
7. Previous address:	8. Is previous residence: <u>Select one</u> <input type="checkbox"/> Sold <input type="checkbox"/> Still owned <input type="checkbox"/> Apartment/rental <input type="checkbox"/> Other/explain:	9. Date moved from previous residence:

ADDITIONAL PROPERTIES

10. Does applicant/spouse claim residency or exemption on any other property in any county or state? <input type="checkbox"/> Yes <input type="checkbox"/> No	11. Address of other property owned By applicant /spouse:	12. Letter from a tax office is required <u>if applicant/spouse owns property not in Cobb County</u> : (Attach letter)
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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 vehicle registration(s)	<i>List State and auto tag number(s)</i>	<i>List State and auto tag number(s)</i>
19. Attach copy of Georgia Driver License or ID Number	<i>List number for each applicant</i>	<i>List number for each applicant</i>
20. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
21. Spouses name (if married)		
22. Active Military? <i>If yes, list your legal state of residence and provide a copy of your LES.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No Residence State _____ Do you claim an exemption on vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No Residence State _____ Do you claim an exemption on vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No
23. U.S. Citizen? <i>If no, list A# or I94# and attach a copy</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No A# or I94# _____	<input type="checkbox"/> Yes <input type="checkbox"/> No A# or I94# _____
24. Social Security Number <i>Only for Veterans Disability 100% Service Connected Disability</i>	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 _____ Date _____	sign here _____ Date _____
Applicant 1's signature	Applicant 2's signature)

OFFICE USE ONLY: EXEMPTION TYPE: <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE <input type="checkbox"/> ADDITION <input type="checkbox"/> UPDATE <input type="checkbox"/> DENIED TAX REP _____ DATE _____ R/20	
PARID# _____	HS CASE# _____
EX CODE# _____	YEAR BEG _____
TAX YEAR _____	
SUPERVISOR/MANAGER APPROVAL _____ (VETERAN DISABILITY/COBB DISABILITY/SS)	