

HOMESTEAD EXEMPTION APPLICATION AFFIDAVIT

COMPLETE ALL SECTIONS AND SIGN BELOW

1. Person claiming the exemption _____
2. Parcel Number _____
3. Property Address _____
4. Were you the owner & occupant at this property October 1, 2013 YES ___ NO ___
5. Is residence a manufactured home? YES ___ NO ___

PLEASE CHOOSE FROM 1 - 5 BELOW WHICH HOMESTEAD EXEMPTION YOU ARE APPLYING FOR

1. Regular Homestead YES ___ NO ___

AGE EXEMPTIONS

2. Age 65 and older YES ___ NO ___
 - a. Person claiming the exemption date of birth _____
(Attach supporting documentation; i.e., copy of driver's license, birth certificate, etc...)
3. If you answered YES to 2, is your income \$12,000 or less (Taxpayer and Spouse Net Taxable Income—Federal Tax Return) YES ___ NO ___
 - a. If you answered YES to 3, please indicate your combined net taxable income \$ _____
Signature of Tax Assessing Official acknowledging income review _____
 - b. If you answered YES to 3, and no federal tax return was filed, was your income below federal filing requirements? YES ___ NO ___

DISABILITY EXEMPTIONS

4. Are you ***retired*** because of permanent and total disability? YES ___ NO ___
 - a. If your answer to 4 is YES, what qualifying documents have you attached to this form?
 1. Two (2) physician letters attached? YES ___ NO ___
 2. Social Security Administration documents attached? YES ___ NO ___
 3. Department of Veterans Affairs documents attached? YES ___ NO ___
 4. State of Alabama Retirement documents attached? YES ___ NO ___
 5. Department of Revenue Certification attached? YES ___ NO ___
 6. Private Company Disability Annuity documents attached? YES ___ NO ___
 7. Other _____ YES ___ NO ___
 - b. Is your Income \$12,000 or less (Taxpayer and Spouse Net Taxable Income—Federal Tax Return) YES ___ NO ___
 1. If you answered YES to 4b, please indicate your combined net taxable income \$ _____
Signature of Tax Assessing Official acknowledging income review _____
 2. If you answered YES to 4b, and no federal tax return was filed, was your income below federal filing requirements? YES ___ NO ___

BLIND EXEMPTION

5. Are you blind as defined by the Code of Alabama, Section 1-1-3 (visual acuity of 20/200 or less)? YES ___ NO ___
(Attach supporting documentation)

I HEREBY AFFIRM THAT THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

HOMEOWNER: _____ **DATE:** _____ **PHONE NUMBER:** _____