

APPLICATION FOR ELDERLY EXEMPTION

\$12,000

Name: _____

Address: _____

Map and Parcel: _____

This application is for a \$12,000 Homestead Exemption from City of Rockmart Ad Valorem Taxes for persons 65 years and older off the assessed value of the homestead.

Date of Birth: _____ **Social Security #:** _____

Do you occupy and reside in such homestead? _____

Does spouse occupy and reside in such homestead? _____

AFFIDAVIT OF CLAIMANT

I, the undersigned claimant, do solemnly swear that the above statement made in support of this application are true and correct, that I am the owner of the property for which this tax exemption is claimed, that I reside in/on the property for which this tax exemption is claimed, that on January 1st of the year which this tax exemption is claimed, I was 65 years of age or older, and that no transaction has been made in collusion with another for the purpose of obtaining this tax exemption contrary to law.

Date

Claimant Signature

Claimant Spouse Signature

City of Rockmart Employee Signature: