



CLAUDIA G. LAWSON - DEKALB COUNTY TAX COMMISSIONER

P.O. Box 100004, Decatur, GA 30031-7004 Telephone: 404-298-4000

Please mail completed application to the above address.

North Office:
1358 Dresden Drive, NE
Atlanta, Georgia 30319

Central Office:
4380 Memorial Drive, Suite 100
Decatur, Georgia 30032

South Office:
The Gallery at South DeKalb Mall
2801 Candler Rd, Suite 66, Decatur, Georgia 30034

2013 APPLICATION FOR BASIC HOMESTEAD EXEMPTION/ASSESSMENT FREEZE

PARCEL I.D.	PIN #	LOCATION OF PROPERTY	TAX DISTRICT	DATE

MAKE ADDRESS CORRECTIONS IN THIS AREA IF NECESSARY:

Owner _____

Co-Owner _____

St. Addr. _____

Apt./Suite _____

City _____ ST _____ ZIP _____

*** APPLICATION MUST BE RECEIVED BY APRIL 1 ***

By completing the application below, you are applying for the Basic Homestead Exemption and Property Assessment Freeze. The Property Assessment Freeze will offset any future increase in property value for the county portion of your bill, but does not affect school, city, or state taxes. Qualification requires that you must own and occupy the property as of January 1, 2013, as your primary domicile and legal residence for all purposes, which includes the registration of your vehicles and filing of your state income taxes. Exemptions are not automatically granted. Special exemptions are available if you are over age 62, permanently and totally disabled, 100% military service connected disabled or their un-remarried spouse, or the un-remarried spouse of a peace officer or firefighter killed in the line of duty. Special exemptions must be applied for in person. Once approved, the exemption remains in effect as long as you own and reside in your home subject to periodic audits to verify continuing eligibility. Please print in the blocks below.

Applicant # 1 Information Name _____ Please complete application in capital letters.

Social Security Number _____ GA Drivers License _____ Date of Birth _____ U. S. Citizen? If no, Registration Number _____

M M D D Y Y

Y/N

Applicant # 2 Information Name _____

Social Security Number _____ GA Drivers License _____ Date of Birth _____ U. S. Citizen? If no, Registration Number _____

M M D D Y Y

Y/N

Y/N

Relationship of Applicants _____ Will/Did you own and reside in this home on January 1, 2013? _____

Home Phone _____ Alt Phone _____ Alt Phone _____

Are you in military service? _____ If yes, legal state of residence? _____ Number of Vehicles _____ County where registered _____

Tag 1

Tag 2

Tag 3

Tag 4

Y/N

County / State

Are you claiming homestead on any other property? _____ If yes, list County and full address _____

Address of other property with homestead

E-mail address you may be reached at: _____

Under Georgia law, it is a misdemeanor to make false or fraudulent claim for exemption. Persons guilty of fraudulent claims will be subject to taxation in an amount double the tax otherwise due.

I, the undersigned, hereby request registration of my vehicle(s) at the above address, and do solemnly swear that the statements made in support of this application are true and correct; that I am the bona fide owner of the property described in this application; that I actually occupied/will occupy this property on January 1st of the year for which this application is made; that I am an eligible applicant for the exemption applied for, qualifying or meeting the definitions of the word "applicant" as defined by O.C.G.A. 48-5-40; that I request any existing homestead exemptions be removed from other properties; and that no transaction has been made in collusion with another for the purpose of obtaining a homestead exemption contrary to the law. Furthermore, I also understand that at anytime I become ineligible for this Homestead Exemption, it is my duty to notify the Tax Commissioner of the change in my residency status.

Please sign, date and return this application by certified mail to insure proof of filing or apply online at www.dekalbcountyga.gov/taxcommissioner

M M D D Y Y

Signature _____ Date _____ Employee Initials _____