

**CITY OF SMYRNA  
PROPERTY TAX DEPARTMENT  
P.O. BOX 1226  
SMYRNA GEORGIA 30081  
(770) 434-6600**

APPLICATION FOR HOMESTEAD EXEMPTION  
(Residents totally disabled)

APPLICANT NAME \_\_\_\_\_

APPLICANT ADDRESS \_\_\_\_\_

In accordance with the provisions of the State Constitution authorizing Homestead Exemption not to exceed \$22,000.00 for all disabled persons whose income does not exceed \$12,000.00 from all sources, I hereby make application for an exemption of \$22,000.00 and in support thereof submit the following information:

1. Social Security Number \_\_\_\_\_
2. Amount of net income\* from all sources for twelve months period ending December 31, 20\_\_ : \$ \_\_\_\_\_
3. Amount of net income of spouse \$ \_\_\_\_\_
4. Do you occupy and reside in such homestead \_\_\_\_\_ yes \_\_\_\_\_ no
5. Does spouse occupy and reside in such homestead \_\_\_\_\_ yes \_\_\_\_\_ no
6. Submit a copy of your latest Georgia Income Tax Returns if required to file.

\*Note: Net income shall not include income received as retirement, survivor or disability benefits under the Federal Social Security Act or under any other public or private retirement, disability or pension system except such income which is in excess of the maximum amount authorized to be paid to an individual and his spouse under the Federal Social Security Act and income from such sources in excess of such maximum amount shall be included as net income for the purpose of this paragraph.

**AFFIDAVIT OF CLAIMANT**

I, the undersigned claimant, do solemnly swear statements made in support of this application are true and correct, that I am the bona fide owner of the property for which this exemption is claimed, that I actually occupied same as my residence on January 1<sup>st</sup> of the year for which this tax exemption is claimed, that on January 1<sup>st</sup> of the year for which this tax exemption is claimed I was disabled and my net income together with the income of my spouse for the immediately preceding year did not exceed \$12,000 and that no transaction has been made in collusion with another for the purpose of obtaining this tax exemption contrary to law.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

**DOCTOR CERTIFICATION**

The applicant named on the reverse side of this form has made application for disability exemption for real estate tax purposes. Under Georgia Law a letter must accompany this application from a doctor stating that the applicant is permanently disabled so as to prevent gainful employment.

Please complete the form below and return to the applicant for presentation to this office by March 1<sup>st</sup> or return directly to The City of Smyrna Tax Department, P.O. box 1226, Smyrna Georgia 30081.

PHYSICIAN'S NAME \_\_\_\_\_  
(PLEASE PRINT)

PHYSICIAN'S ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the above named physician, do affirm and attest that the applicant named on the reverse side of this application is permanently disabled so as to prevent gainful employment and has been since \_\_\_\_\_ 20 \_\_\_\_\_, due to: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

SIGNED (L/S) \_\_\_\_\_

SUBSCRIBED TO BEFORE ME THIS \_\_\_\_\_ 20 \_\_\_\_\_

WITNESS (L/S) \_\_\_\_\_

WITNESS ADDRESS \_\_\_\_\_  
\_\_\_\_\_